

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	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		1516.40
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	16875.31									
(c) Total Receipts (from Line 19)	57121.08	129539.17								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	73996.39	131055.57								
7. Total Disbursements (from Line 31)	62611.91	119671.09								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11384.48	11384.48								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
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	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	20775.00	40500.00
(ii) Unitemized	31836.10	84529.19
(iii) TOTAL (add Lines 11(a)(i) and (ii)	52611.10	125029.19
(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)	52611.10	125029.19
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)	4509.98	4509.98
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))	57121.08	129539.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	57121.08	129539.17

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	62611.91	119671.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	62611.91	119671.09
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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	62611.91	119671.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	62611.91	119671.09

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	52611.10	125029.19
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52611.10	125029.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	62611.91	119671.09
37. Offsets to Operating Expenditures (from Line 15, page 3)	4509.98	4509.98
38. Net Operating Expenditures (subtract Line 37 from Line 36)	58101.93	115161.11

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 75
	<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) Kathryn K. Bell		Date of Receipt
	Mailing Address 669 Rockledge Ct		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Frisco	TX	75034
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6145
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" value="300.00"/>
		<input type="text" value="1300.00"/>	

B.	Full Name (Last, First, Middle Initial) Kathryn K. Bell		Date of Receipt
	Mailing Address 669 Rockledge Ct		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Frisco	TX	75034
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5949
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" value="200.00"/>
		<input type="text" value="1500.00"/>	

C.	Full Name (Last, First, Middle Initial) Rachel Boyle		Date of Receipt
	Mailing Address 2970 David St.		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Riverside	CA	92501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6657
Name of Employer Self Employed		Occupation Pet Care	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" value="50.00"/>
		<input type="text" value="450.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="550.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 75
(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)
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 ▼ 550.00

Date of Receipt MM / DD / YYYY
12 / 19 / 2007

Transaction ID: SA11AI.5982

Amount of Each Receipt this Period 100.00

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 Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt MM / DD / YYYY
07 / 20 / 2007

Transaction ID: SA11AI.4649

Amount of Each Receipt this Period 200.00

C.

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 Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt MM / DD / YYYY
08 / 20 / 2007

Transaction ID: SA11AI.4936

Amount of Each Receipt this Period 300.00

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 8 / 75

(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)
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 Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt MM / DD / YYYY
12 / 05 / 2007

Transaction ID: SA11AI.6649

Amount of Each Receipt this Period 200.00

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 Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt MM / DD / YYYY
12 / 11 / 2007

Transaction ID: SA11AI.5830

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Christopher Champagne

Mailing Address P.O. Box 13085

City State Zip Code
Albuquerque NM 87192

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Employed Sales and Service Medical Equipment

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt MM / DD / YYYY
10 / 31 / 2007

Transaction ID: SA11AI.5324

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) 350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 75
	<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) Christopher Champagne		Date of Receipt
	Mailing Address P.O. Box 13085		<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
	City	State	Zip Code
	Albuquerque	NM	87192
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.5434
Name of Employer Self Employed		Occupation Sales and Service Medical Equipment	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"/> 50.00
		<input type="text"/> 275.00	

B.	Full Name (Last, First, Middle Initial) Christopher Champagne		Date of Receipt
	Mailing Address P.O. Box 13085		<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
	City	State	Zip Code
	Albuquerque	NM	87192
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.5764
Name of Employer Self Employed		Occupation Sales and Service Medical Equipment	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"/> 50.00
		<input type="text"/> 325.00	

C.	Full Name (Last, First, Middle Initial) Carolyn Cooke		Date of Receipt
	Mailing Address PO Box 3686		<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
	City	State	Zip Code
	Coeur d'alene	ID	83816
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.5846
Name of Employer Self		Occupation Best Effort	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"/> 100.00
		<input type="text"/> 700.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 200.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Kathryn S Cromer	Date of Receipt MM / DD / YYYY 08 / 10 / 2007
	Mailing Address 4342 Provinceline Rd	Transaction ID: SA11AI.4864
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed Healthcare	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Kathryn S Cromer	Date of Receipt MM / DD / YYYY 08 / 20 / 2007
	Mailing Address 4342 Provinceline Rd	Transaction ID: SA11AI.4939
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed Healthcare	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

C.	Full Name (Last, First, Middle Initial) Kathryn S Cromer	Date of Receipt MM / DD / YYYY 08 / 30 / 2007
	Mailing Address 4342 Provinceline Rd	Transaction ID: SA11AI.4995
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed Healthcare	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kathryn S Cromer		Date of Receipt
	Mailing Address 4342 Provinceline Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 05 / 2007
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5193
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Healthcare	<input type="text"/> 100.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 490.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Kathryn S Cromer		Date of Receipt
	Mailing Address 4342 Provinceline Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 07 / 2007
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5205
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Healthcare	<input type="text"/> 100.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 590.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Kathryn S Cromer		Date of Receipt
	Mailing Address 4342 Provinceline Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 14 / 2007
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5227
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		Healthcare	<input type="text"/> 100.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 690.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 300.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 75
(check only one)

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

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

A.

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

Mailing Address 4342 Provinceline Rd

City State Zip Code
Princeton NJ 08540

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

Name of Employer Self-Employed Occupation
Self-Employed Healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
740.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2007

Transaction ID: SA11AI.5236

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 4342 Provinceline Rd

City State Zip Code
Princeton NJ 08540

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

Name of Employer Self-Employed Occupation
Self-Employed Healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 24 / 2007

Transaction ID: SA11AI.5242

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 4342 Provinceline Rd

City State Zip Code
Princeton NJ 08540

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

Name of Employer Self-Employed Occupation
Self-Employed Healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
940.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 23 / 2007

Transaction ID: SA11AI.5295

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kathryn S Cromer		Date of Receipt
	Mailing Address 4342 Provinceline Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 08 / 2007
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5345
Name of Employer Self-Employed		Occupation Healthcare	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"/> 100.00

B.	Full Name (Last, First, Middle Initial) Kathryn S Cromer		Date of Receipt
	Mailing Address 4342 Provinceline Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 12 / 20 / 2007
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5771
Name of Employer Self-Employed		Occupation Healthcare	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"/> 200.00

C.	Full Name (Last, First, Middle Initial) James Davis		Date of Receipt
	Mailing Address 4727 Wilshire Boulevard		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 13 / 2007
	City	State	Zip Code
	Los Angeles	CA	90010
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5223
Name of Employer PMIC		Occupation President	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"/> 1000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1300.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 75
	<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) Richard De Blasi	Date of Receipt MM / DD / YYYY 07 / 06 / 2007
	Mailing Address 11574 Kelsey St.	Transaction ID: SA11AI.6536
	City State Zip Code Studio City CA 91604	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Cal-State Auto Parts Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

B.	Full Name (Last, First, Middle Initial) Richard De Blasi	Date of Receipt MM / DD / YYYY 12 / 13 / 2007
	Mailing Address 11574 Kelsey St.	Transaction ID: SA11AI.6263
	City State Zip Code Studio City CA 91604	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Cal-State Auto Parts Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00	

C.	Full Name (Last, First, Middle Initial) John B. Drexler	Date of Receipt MM / DD / YYYY 07 / 30 / 2007
	Mailing Address 5270 Budapest Place	Transaction ID: SA11AI.4739
	City State Zip Code Dulles VA 20189-5270	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation US Department of State Facility Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 15 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mary Jo Erickson
Mailing Address 1008 Fair Oaks Ave.
City Oak Park State IL Zip Code 60302
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation None
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 07 / 24 / 2007
Transaction ID: SA11AI.4690
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Mary Jo Erickson
Mailing Address 1008 Fair Oaks Ave.
City Oak Park State IL Zip Code 60302
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation None
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 07 / 24 / 2007
Transaction ID: SA11AI.6547
Amount of Each Receipt this Period 100.00
cc dupl

C. Full Name (Last, First, Middle Initial)
Mary Jo Erickson
Mailing Address 1008 Fair Oaks Ave.
City Oak Park State IL Zip Code 60302
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation None
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 08 / 03 / 2007
Transaction ID: SA11AI.4828
Amount of Each Receipt this Period 100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 75
(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)
Mary Jo Erickson

Mailing Address 1008 Fair Oaks Ave.

City State Zip Code
Oak Park IL 60302

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

Name of Employer None Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2007

Transaction ID: SA11AI.4949

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Mary Jo Erickson

Mailing Address 1008 Fair Oaks Ave.

City State Zip Code
Oak Park IL 60302

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

Name of Employer None Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: SA11AI.4998

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mary Jo Erickson

Mailing Address 1008 Fair Oaks Ave.

City State Zip Code
Oak Park IL 60302

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

Name of Employer None Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2007

Transaction ID: SA11AI.5209

Amount of Each Receipt this Period
100.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Sandra Fagan</p> <p>Mailing Address 4041 Minerva Ave.</p> <p>City State Zip Code Los Angeles CA 90066</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 07 / 06 / 2007</p> <p>Transaction ID: SA11AI.6537</p> <p>Amount of Each Receipt this Period 250.00</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Grace Fritzingler</p> <p>Mailing Address 244 S Muirfield Road</p> <p>City State Zip Code Los Angeles CA 90004</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Best Effort Occupation Best Effort</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 07 / 31 / 2007</p> <p>Transaction ID: SA11AI.4780</p> <p>Amount of Each Receipt this Period 1000.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dale George</p> <p>Mailing Address 27762 Higuera</p> <p>City State Zip Code Mission Viejo CA 92691</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Pacific Mercantile Occupation Best Effort</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 09 / 04 / 2007</p> <p>Transaction ID: SA11AI.5188</p> <p>Amount of Each Receipt this Period 1000.00</p>
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SUBTOTAL of Receipts This Page (optional)	2250.00
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 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 12901 Blue Lane

City State Zip Code
Silver Springs MD 20906

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

Name of Employer Compliance, Inc. Occupation General Worker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: SA11AI.5055

Amount of Each Receipt this Period
250.00

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

Mailing Address 12901 Blue Lane

City State Zip Code
Silver Springs MD 20906

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

Name of Employer Compliance, Inc. Occupation General Worker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2007

Transaction ID: SA11AI.5206

Amount of Each Receipt this Period
150.00

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

Mailing Address 12901 Blue Lane

City State Zip Code
Silver Springs MD 20906

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

Name of Employer Compliance, Inc. Occupation General Worker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2007

Transaction ID: SA11AI.5239

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Hessie Harris	Date of Receipt MM / DD / YYYY 09 / 27 / 2007
	Mailing Address 12901 Blue Lane	Transaction ID: SA11AI.5261
	City State Zip Code Silver Springs MD 20906	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Compliance, Inc.	Occupation General Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

B.	Full Name (Last, First, Middle Initial) Hessie Harris	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 12901 Blue Lane	Transaction ID: SA11AI.5328
	City State Zip Code Silver Springs MD 20906	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Compliance, Inc.	Occupation General Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

C.	Full Name (Last, First, Middle Initial) Hessie Harris	Date of Receipt MM / DD / YYYY 12 / 20 / 2007
	Mailing Address 12901 Blue Lane	Transaction ID: SA11AI.5763
	City State Zip Code Silver Springs MD 20906	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Compliance, Inc.	Occupation General Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	500.00
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 / 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Jim Jackson		Date of Receipt MM / DD / YYYY 07 / 13 / 2007		
	Mailing Address 111 N. Valencia St.		Transaction ID: SA11AI.4610		
	City Alhambra	State CA	Zip Code 91804	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Fox Broadcasting	Occupation TV News	Aggregate Year-to-Date 450.00		

B.	Full Name (Last, First, Middle Initial) Lyle E. Jones		Date of Receipt MM / DD / YYYY 12 / 05 / 2007		
	Mailing Address 1310 East Ocean Blvd #201		Transaction ID: SA11AI.6679		
	City Long Beach	State CA	Zip Code 90802	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Retired	Occupation Retired	Aggregate Year-to-Date 400.00		

C.	Full Name (Last, First, Middle Initial) Faye Joseph		Date of Receipt MM / DD / YYYY 07 / 29 / 2007		
	Mailing Address 211 Glasgow Rd		Transaction ID: SA11AI.6072		
	City Cary	State NC	Zip Code 27311	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Best Effort	Occupation Best Effort	Aggregate Year-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 21 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 211 Glasgow Rd

City State Zip Code
Cary NC 27311

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

Name of Employer Occupation
Best Effort Best Effort

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 23 / 2007

Transaction ID: SA11AI.6684

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Sharon M Kelsey

Mailing Address 4351 N. Echo Glenn Lane

City State Zip Code
Coeur d'Alene IN 83815

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

Name of Employer Occupation
N/A Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 01 / 2007

Transaction ID: SA11AI.5271

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Sharon M Kelsey

Mailing Address 4351 N. Echo Glenn Lane

City State Zip Code
Coeur d'Alene IN 83815

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

Name of Employer Occupation
N/A Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2007

Transaction ID: SA11AI.5327

Amount of Each Receipt this Period
50.00

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 22 / 75
(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)
Sharon M Kelsey

Mailing Address 4351 N. Echo Glenn Lane

City State Zip Code
Coeur d'Alene IN 83815

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

Name of Employer N/A Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2007

Transaction ID: SA11AI.5568

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Myra Kruzer

Mailing Address 107 Deerlake Dr

City State Zip Code
Asheville NC 28803

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

Name of Employer Self Occupation Best Effort

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 09 / 2007

Transaction ID: SA11AI.4857

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Kwang S. Lee

Mailing Address PO Box 1239

City State Zip Code
Neederland TX 77027

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

Name of Employer Self-Employed Occupation M.D.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2007

Transaction ID: SA11AI.6113

Amount of Each Receipt this Period
100.00

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

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 23 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kwang S. Lee

Mailing Address PO Box 1239

City Neederland State TX Zip Code 77027

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

Name of Employer Self-Employed Occupation M.D.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 02 / 2007

Transaction ID: SA11AI.6086

Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Kwang S. Lee

Mailing Address PO Box 1239

City Neederland State TX Zip Code 77027

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

Name of Employer Self-Employed Occupation M.D.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 12 / 19 / 2007

Transaction ID: SA11AI.6012

Amount of Each Receipt this Period 300.00

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

Mailing Address 4 Carmel Woods

City Laguna Niguel State CA Zip Code 92677

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

Name of Employer LND Properties Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 20 / 2007

Transaction ID: SA11AI.5749

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 75
(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)
David Manning

Mailing Address 5841 Dahlberg Dr.

City Raleigh State NC Zip Code 27603

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

Name of Employer Self Occupation Contractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 06 / 2007

Transaction ID: SA11AI.6542

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 5841 Dahlberg Dr.

City Raleigh State NC Zip Code 27603

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

Name of Employer Self Occupation Contractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2007

Transaction ID: SA11AI.6123

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 5841 Dahlberg Dr.

City Raleigh State NC Zip Code 27603

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

Name of Employer Self Occupation Contractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2007

Transaction ID: SA11AI.6374

Amount of Each Receipt this Period
100.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 75
(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)
David Manning

Mailing Address 5841 Dahlberg Dr.

City Raleigh State NC Zip Code 27603

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Contractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 12 / 2007

Transaction ID: SA11AI.6050

Amount of Each Receipt this Period 100.00

B.

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

Mailing Address 5841 Dahlberg Dr.

City Raleigh State NC Zip Code 27603

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Contractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 05 / 2007

Transaction ID: SA11AI.6683

Amount of Each Receipt this Period 100.00

C.

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

Mailing Address 5841 Dahlberg Dr.

City Raleigh State NC Zip Code 27603

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Contractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 30 / 2007

Transaction ID: SA11AI.6631

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 75
(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)
David Manning

Mailing Address 5841 Dahlberg Dr.

City Raleigh State NC Zip Code 27603

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

Name of Employer Self Occupation Contractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.6254

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 19 Fieldstone Way.

City Plymouth State MA Zip Code 23600

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

Name of Employer Self-Mt McMahon and Son Occupation Carpenter

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.6250

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address PO Box 11930

City Glendale State AZ Zip Code 85318

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.4764

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 700.00

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 27 / 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address PO Box 11930

City State Zip Code
Glendale AZ 85318

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.5725

Amount of Each Receipt this Period
300.00

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

Mailing Address 142 Justabout Rd

City State Zip Code
Venetia PA 15317

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

Name of Employer Occupation
Meakem, Becker Venture Capital Sr. Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.6544

Amount of Each Receipt this Period
250.00

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 Occupation
Retired 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
1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.5711

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 75
(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)
Gerald Petal

Mailing Address 1946 Vedanta Place

City State Zip Code
Hollywood CA 90068

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

Name of Employer Vedanta Occupation Best Effort

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.5870

Amount of Each Receipt this Period
50.00

B.

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
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.5986

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Ingrid Serina

Mailing Address 2562 Divine Sky

City State Zip Code
Henderson NV 89044

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 ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.5706

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **1075.00**

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 29 / 75
	<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) Lance Sjogren	Date of Receipt MM / DD / YYYY 09 / 19 / 2007
	Mailing Address 844 W. Crestwood	Transaction ID: SA11AI.6307
	City State Zip Code San Pedro CA 90731	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Best Effort Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Lance Sjogren	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 844 W. Crestwood	Transaction ID: SA11AI.6619
	City State Zip Code San Pedro CA 90731	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	Entered Twice
	Name of Employer Occupation Best Effort Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Richard Smith	Date of Receipt MM / DD / YYYY 12 / 25 / 2007
	Mailing Address 6451 Anderson Rd.	Transaction ID: SA11AI.5888
	City State Zip Code Black Hawk SD 57718	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. 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 ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
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 30 / 75
(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)
Suzanne Talmachoff

Mailing Address 943 Oxford Lane

City State Zip Code
Brentwood CA 94513

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

Name of Employer Occupation
APL Ltd. Best Effort

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2007

Transaction ID: SA11AI.5134

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Suzanne Talmachoff

Mailing Address 943 Oxford Lane

City State Zip Code
Brentwood CA 94513

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

Name of Employer Occupation
APL Ltd. Best Effort

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 20 / 2007

Transaction ID: SA11AI.5529

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Elizabeth K. Van Staaveren

Mailing Address 1008 NW Cascade Way

City State Zip Code
McMinnville OR 97128

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 ▼ 2200.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2007

Transaction ID: SA11AI.6153

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 75

(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)
Elizabeth K. Van Staaveren

Mailing Address 1008 NW Cascade Way

City State Zip Code
McMinnville OR 97128

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 ▼ 4700.00

Date of Receipt MM / DD / YYYY
12 / 20 / 2007

Transaction ID: SA11AI.5528

Amount of Each Receipt this Period 2500.00

Note: Check Refund issued 12/31/07 \$1200

B. Full Name (Last, First, Middle Initial)
Joan Warden

Mailing Address 23910 Bar Harbor Ct.

City State Zip Code
Valencia CA 91355

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Theodora Gringer Miller Clerical

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
08 / 20 / 2007

Transaction ID: SA11AI.4942

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Joan W. Weiss

Mailing Address 12783 Santa Anna Pl.

City State Zip Code
Chino CA 91710

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 ▼ 350.00

Date of Receipt MM / DD / YYYY
07 / 07 / 2007

Transaction ID: SA11AI.6522

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 2700.00

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 32 / 75
(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)
Joan W. Weiss

Mailing Address 12783 Santa Anna Pl.

City State Zip Code
Chino CA 91710

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2007

Transaction ID: SA11AI.6094

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Joan W. Weiss

Mailing Address 12783 Santa Anna Pl.

City State Zip Code
Chino CA 91710

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
MM / DD / YYYY
08 / 21 / 2007

Transaction ID: SA11AI.6360

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Joan W. Weiss

Mailing Address 12783 Santa Anna Pl.

City State Zip Code
Chino CA 91710

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 ▼ 550.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2007

Transaction ID: SA11AI.6614

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **200.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 75
(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)
Joan W. Weiss

Mailing Address 12783 Santa Anna Pl.

City State Zip Code
Chino CA 91710

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 ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 05 / 2007

Transaction ID: SA11AI.6652

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 6515 Albright Trail

City State Zip Code
Riverdale GA 30296

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

Name of Employer Best Effort Occupation Best Effort

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 06 / 2007

Transaction ID: SA11AI.6377

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Ann Yates

Mailing Address PO Box 469

City State Zip Code
Siasconset MA 02564

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

Name of Employer Self Occupation Recruiter

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2007

Transaction ID: SA11AI.5191

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	20775.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 34 / 75	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) ASTERISK DIALER Inc.		Date of Receipt	
	Mailing Address 1838 Corinth Ave. Suite 3		M M / D D / Y Y Y Y 07 / 10 / 2007	
	City	State	Zip Code	Transaction ID: SA15.6354
	Los Angeles	CA	90025	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		4500.00		
Name of Employer		Occupation		Refund
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4500.00		

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	4500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 75

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

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

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

A.	Full Name (Last, First, Middle Initial) Alltel Wireless	Transaction ID: SB21B.4551 Date of Disbursement
	Mailing Address Build 4, 5th Floor, One Allied Dr 800-255-8351	<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
	City Little Rock State AR Zip Code 72202	Amount of Each Disbursement this Period
	Purpose of Disbursement Cell Phone Deposit	<input type="text" value="1186.80"/>
	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) Alltel Wireless	Transaction ID: SB21B.5393 Date of Disbursement
	Mailing Address Build 4, 5th Floor, One Allied Dr 800-255-8351	<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
	City Little Rock State AR Zip Code 72202	Amount of Each Disbursement this Period
	Purpose of Disbursement Cell Phone Service	<input type="text" value="148.68"/>
	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) Alltel Wireless	Transaction ID: SB21B.5394 Date of Disbursement
	Mailing Address Build 4, 5th Floor, One Allied Dr 800-255-8351	<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City Little Rock State AR Zip Code 72202	Amount of Each Disbursement this Period
	Purpose of Disbursement Cell Phone Service	<input type="text" value="111.07"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1446.55"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Alltel Wireless	Transaction ID: SB21B.5425 Date of Disbursement
	Mailing Address: Build 4, 5th Floor, One Allied Dr 800-255-8351	<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2007"/>
	City: Little Rock State: AR Zip Code: 72202	Amount of Each Disbursement this Period
	Purpose of Disbursement: Cell Phone	<input type="text" value="32.01"/>
	Candidate Name: _____	Category/Type: <input type="text"/>
	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) Alltel Wireless	Transaction ID: SB21B.5614 Date of Disbursement
	Mailing Address: Build 4, 5th Floor, One Allied Dr 800-255-8351	<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City: Little Rock State: AR Zip Code: 72202	Amount of Each Disbursement this Period
	Purpose of Disbursement: Cell Phone Service	<input type="text" value="384.62"/>
	Candidate Name: _____	Category/Type: <input type="text"/>
	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) Alltel Wireless	Transaction ID: SB21B.5630 Date of Disbursement
	Mailing Address: Build 4, 5th Floor, One Allied Dr 800-255-8351	<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City: Little Rock State: AR Zip Code: 72202	Amount of Each Disbursement this Period
	Purpose of Disbursement: Cell Phone Service	<input type="text" value="159.69"/>
	Candidate Name: _____	Category/Type: <input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="576.32"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address 4333 Amon Carter Boulevard 817.963.1234</p> <p>City Fort Worth State TX Zip Code 76155</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4481</p> <p>Date of Disbursement 07 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 140.00</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 36001</p> <p>City Ft. Lauderdale State FL Zip Code 33336</p> <p>Purpose of Disbursement Credit Card Transaction Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4576</p> <p>Date of Disbursement 09 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 27.63</p>
<p>C. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 36001</p> <p>City Ft. Lauderdale State FL Zip Code 33336</p> <p>Purpose of Disbursement Credit Card Service Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5398</p> <p>Date of Disbursement 10 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 73.78</p>

SUBTOTAL of Disbursements This Page (optional) ▶

241.41

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.5428 Date of Disbursement 11 / 05 / 2007
	Mailing Address PO Box 36001	Amount of Each Disbursement this Period 4.06
	City Ft. Lauderdale State FL Zip Code 33336	
	Purpose of Disbursement Credit Card Transaction 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) American Express	Transaction ID: SB21B.5644 Date of Disbursement 12 / 03 / 2007
	Mailing Address PO Box 36001	Amount of Each Disbursement this Period 7.65
	City Ft. Lauderdale State FL Zip Code 33336	
	Purpose of Disbursement Credit Card Transaction Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Aristotle, Inc.	Transaction ID: SB21B.6035 Date of Disbursement 12 / 24 / 2007
	Mailing Address 205 Pennsylvania Ave SE	Amount of Each Disbursement this Period 1067.28
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Voterlist Online	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1078.99
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

<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.4571 Date of Disbursement
	Mailing Address 915 S. 500 E. Ste. 200	<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
	City American Fork State VT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Transaction Fees	<input type="text" value="47.25"/>
	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.5401 Date of Disbursement
	Mailing Address 915 S. 500 E. Ste. 200	<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
	City American Fork State VT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Transfer Fee	<input type="text" value="45.25"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Authorize Net Corporation	Transaction ID: SB21B.5424 Date of Disbursement
	Mailing Address 915 S. 500 E. Ste. 200	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
	City American Fork State VT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Transaction Fees	<input type="text" value="42.30"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="134.80"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Authorize Net Corporation	Transaction ID: SB21B.5426 Date of Disbursement
	Mailing Address 915 S. 500 E. Ste. 200	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
	City American Fork State VT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Transaction Fees	<input type="text" value="31.06"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Authorize Net Corporation	Transaction ID: SB21B.5637 Date of Disbursement
	Mailing Address 915 S. 500 E. Ste. 200	<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
	City American Fork State VT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Transaction Fee	<input type="text" value="42.25"/>
	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) Bell South	Transaction ID: SB21B.6025 Date of Disbursement
	Mailing Address PO Box 1262	<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
	City Charlotte State NC Zip Code 28201	Amount of Each Disbursement this Period
	Purpose of Disbursement Phoneline and Long Distance Services	<input type="text" value="116.50"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="189.81"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Bell South	Transaction ID: SB21B.6031
	Mailing Address PO Box 1262	Date of Disbursement 11 / 09 / 2007
	City Charlotte State NC Zip Code 28201	Amount of Each Disbursement this Period 88.14
	Purpose of Disbursement Telephone and Long Distance Svc 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) BMT Micro, Inc.	Transaction ID: SB21B.6045
	Mailing Address PO Box 15016	Date of Disbursement 12 / 12 / 2007
	City Wilmington State NC Zip Code 28408	Amount of Each Disbursement this Period 320.25
	Purpose of Disbursement Software License Website 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.4473
	Mailing Address 4409 Creedmore Rd.	Date of Disbursement 07 / 16 / 2007
	City Raleigh State NC Zip Code 27612	Amount of Each Disbursement this Period 204.00
	Purpose of Disbursement ATM/fee Fares 3800 N Point Waukegan IL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	612.39
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Branch Banking and Trust Mailing Address 4409 Creedmore Rd. City Raleigh State NC Zip Code 27612 Purpose of Disbursement Fares ATM Gallery Place, Washington, DC 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.4485 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 7
	Amount of Each Disbursement this Period 100.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. 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 Fares ATM/fee 50 Independence, Wash. DC 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.4484 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 7
	Amount of Each Disbursement this Period 103.50
	Category/ Type
	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 Mailing Address 4409 Creedmore Rd. City Raleigh State NC Zip Code 27612 Purpose of Disbursement Fares Cash & 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.4568 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 7
	Amount of Each Disbursement this Period 104.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

307.50

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Branch Banking and Trust	Transaction ID: SB21B.4560 Date of Disbursement
	Mailing Address 4409 Creedmore Rd.	<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2007"/>
	City Raleigh State NC Zip Code 27612	Amount of Each Disbursement this Period
	Purpose of Disbursement Fares ATM Cash and Fee	<input type="text" value="205.00"/>
	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) Branch Banking and Trust	Transaction ID: SB21B.4577 Date of Disbursement
	Mailing Address 4409 Creedmore Rd.	<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
	City Raleigh State NC Zip Code 27612	Amount of Each Disbursement this Period
	Purpose of Disbursement Service Charge	<input type="text" value="10.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Branch Banking and Trust	Transaction ID: SB21B.5427 Date of Disbursement
	Mailing Address 4409 Creedmore Rd.	<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
	City Raleigh State NC Zip Code 27612	Amount of Each Disbursement this Period
	Purpose of Disbursement Service Fee	<input type="text" value="5.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="220.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Branch Banking and Trust	Transaction ID: SB21B.5623 Date of Disbursement
	Mailing Address 4409 Creedmore Rd.	<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
	City Raleigh State NC Zip Code 27612	Amount of Each Disbursement this Period
	Purpose of Disbursement Transportation, Meals and \$2.00 fee	<input type="text" value="202.00"/>
	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) Callfire	Transaction ID: SB21B.6037 Date of Disbursement
	Mailing Address 1838 Corinth Ave #3	<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
	City Los Angeles State CA Zip Code 90025	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone Bank Service	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Callfire	Transaction ID: SB21B.6044 Date of Disbursement
	Mailing Address 1838 Corinth Ave #3	<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City Los Angeles State CA Zip Code 90025	Amount of Each Disbursement this Period
	Purpose of Disbursement Phonebank Service	<input type="text" value="400.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1602.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Callfire Mailing Address 1838 Corinth Ave #3 City Los Angeles State CA Zip Code 90025 Purpose of Disbursement Phonebank 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.6047 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 7 Amount of Each Disbursement this Period 200.00
B.	Full Name (Last, First, Middle Initial) Callfire Mailing Address 1838 Corinth Ave #3 City Los Angeles State CA Zip Code 90025 Purpose of Disbursement Phonebank 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.6048 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 7 Amount of Each Disbursement this Period 200.00
C.	Full Name (Last, First, Middle Initial) Cingular AT&T Wireless Mailing Address 175 E. Houston 800-331-0500 City San Antonio State TX Zip Code 78299 Purpose of Disbursement Cell Phone 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.4466 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 7 Amount of Each Disbursement this Period 337.18

SUBTOTAL of Disbursements This Page (optional) ▶

737.18

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Cingular AT&T Wireless</p> <p>Mailing Address 175 E. Houston 800-331-0500</p> <p>City San Antonio State TX Zip Code 78299</p> <p>Purpose of Disbursement Cell Phone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4530 Date of Disbursement 08 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 127.96</p>
<p>B. Full Name (Last, First, Middle Initial) Cingular AT&T Wireless</p> <p>Mailing Address 175 E. Houston 800-331-0500</p> <p>City San Antonio State TX Zip Code 78299</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4566 Date of Disbursement 09 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 159.37</p>
<p>C. Full Name (Last, First, Middle Initial) Cingular AT&T Wireless</p> <p>Mailing Address 175 E. Houston 800-331-0500</p> <p>City San Antonio State TX Zip Code 78299</p> <p>Purpose of Disbursement Cell Phone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5385 Date of Disbursement 10 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 202.28</p>

SUBTOTAL of Disbursements This Page (optional) ▶

489.61

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Circuit City Mailing Address 4601 Creedmore Rd. City Raleigh State NC Zip Code 27612 Purpose of Disbursement Computer Equipment 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.4455 Date of Disbursement 07 / 12 / 2007 Amount of Each Disbursement this Period 1152.87 Category/Type
B.	Full Name (Last, First, Middle Initial) Circuit City Mailing Address 4601 Creedmore Rd. City Raleigh State NC Zip Code 27612 Purpose of Disbursement Software Video Editing 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.6028 Date of Disbursement 10 / 09 / 2007 Amount of Each Disbursement this Period 97.68 Category/Type
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 Provider 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.4526 Date of Disbursement 08 / 02 / 2007 Amount of Each Disbursement this Period 250.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

1500.55

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Constant Contact	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.4558																					
	Constant Contact	Date of Disbursement																					
Mailing Address	1601 Trapelo Road, Suite 329 866-289-2101	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	0	4	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	0	4	/	2	0	0	7														
City	Waltham	State	MA																				
Zip Code	02451	Amount of Each Disbursement this Period																					
Purpose of Disbursement		250.00																					
e-mail Service Provider		Category/Type																					
Candidate Name																							
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:																					
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General																				

B. Constant Contact	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.5381																					
	Constant Contact	Date of Disbursement																					
Mailing Address	1601 Trapelo Road, Suite 329 866-289-2101	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	2	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	0	2	/	2	0	0	7														
City	Waltham	State	MA																				
Zip Code	02451	Amount of Each Disbursement this Period																					
Purpose of Disbursement		250.00																					
e-mail Service		Category/Type																					
Candidate Name																							
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:																					
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General																				

C. Constant Contact	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.5410																					
	Constant Contact	Date of Disbursement																					
Mailing Address	1601 Trapelo Road, Suite 329 866-289-2101	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	2	/	2	0	0	7														
City	Waltham	State	MA																				
Zip Code	02451	Amount of Each Disbursement this Period																					
Purpose of Disbursement		150.00																					
e-mail service		Category/Type																					
Candidate Name																							
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:																					
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General																				

SUBTOTAL of Disbursements This Page (optional)	▶	650.00
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.5631 Date of Disbursement																			
	Mailing Address 1601 Trapelo Road, Suite 329 866-289-2101	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	3		2	0	0	7												
	City Waltham State MA Zip Code 02451	Amount of Each Disbursement this Period																			
	Purpose of Disbursement e-mail Service	<table border="1"><tr><td>150.00</td></tr></table>	150.00																		
150.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) Cornerstone American	Transaction ID: SB21B.4465 Date of Disbursement																			
	Mailing Address 12600 Deerfield Pkwy. Ste 375	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	3		2	0	0	7												
	City Alphareta State GA Zip Code 30004	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Transaction Fees	<table border="1"><tr><td>387.05</td></tr></table>	387.05																		
387.05																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) Cornerstone American	Transaction ID: SB21B.4536 Date of Disbursement																			
	Mailing Address 12600 Deerfield Pkwy. Ste 375	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	2		2	0	0	7												
	City Alphareta State GA Zip Code 30004	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Transaction Fees	<table border="1"><tr><td>62.01</td></tr></table>	62.01																		
62.01																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>599.06</td></tr></table>	599.06
599.06		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Cornerstone American</p> <p>Mailing Address 12600 Deerfield Pkwy. Ste 375</p> <p>City Alphareta State GA Zip Code 30004</p> <p>Purpose of Disbursement Credit Card Transaction Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4567</p> <p>Date of Disbursement 09 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 103.03</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Cornerstone American</p> <p>Mailing Address 12600 Deerfield Pkwy. Ste 375</p> <p>City Alphareta State GA Zip Code 30004</p> <p>Purpose of Disbursement Credit Card Service Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5397</p> <p>Date of Disbursement 10 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 87.52</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Cornerstone American</p> <p>Mailing Address 12600 Deerfield Pkwy. Ste 375</p> <p>City Alphareta State GA Zip Code 30004</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5641</p> <p>Date of Disbursement 12 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 38.62</p>

SUBTOTAL of Disbursements This Page (optional) ▶

229.17

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Discover Network	Transaction ID: SB21B.4489 Date of Disbursement 07 / 03 / 2007
	Mailing Address PO Box 3022	Amount of Each Disbursement this Period 72.30
	City New Albany State OH Zip Code 43052	
	Purpose of Disbursement Credit Card Transaction Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Discover Network	Transaction ID: SB21B.4546 Date of Disbursement 08 / 02 / 2007
	Mailing Address PO Box 3022	Amount of Each Disbursement this Period 6.79
	City New Albany State OH Zip Code 43052	
	Purpose of Disbursement Credit Card Transaction Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Discover Network	Transaction ID: SB21B.4569 Date of Disbursement 09 / 05 / 2007
	Mailing Address PO Box 3022	Amount of Each Disbursement this Period 54.56
	City New Albany State OH Zip Code 43052	
	Purpose of Disbursement Credit Card Transaction Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	133.65
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Discover Network</p> <p>Mailing Address PO Box 3022</p> <p>City New Albany State OH Zip Code 43052</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5400</p> <p>Date of Disbursement 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 54.11</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Discover Network</p> <p>Mailing Address PO Box 3022</p> <p>City New Albany State OH Zip Code 43052</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5421</p> <p>Date of Disbursement 11 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 46.41</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Discover Network</p> <p>Mailing Address PO Box 3022</p> <p>City New Albany State OH Zip Code 43052</p> <p>Purpose of Disbursement Credit Card Transaction Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5636</p> <p>Date of Disbursement 12 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 47.15</p>

SUBTOTAL of Disbursements This Page (optional) ▶

147.67

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dotster Inc.	Transaction ID: SB21B.4508 Date of Disbursement 07 / 11 / 2007
	Mailing Address PO Box 821066	
	City Vancouver State WA Zip Code 98682	Amount of Each Disbursement this Period 27.95
	Purpose of Disbursement Domain Registration 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) Dotster Inc.	Transaction ID: SB21B.4562 Date of Disbursement 09 / 26 / 2007
	Mailing Address PO Box 821066	
	City Vancouver State WA Zip Code 98682	Amount of Each Disbursement this Period 201.24
	Purpose of Disbursement Domain Registration Fees 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) Dotster Inc.	Transaction ID: SB21B.5396 Date of Disbursement 10 / 26 / 2007
	Mailing Address PO Box 821066	
	City Vancouver State WA Zip Code 98682	Amount of Each Disbursement this Period 92.70
	Purpose of Disbursement Domain Registration Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	321.89
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Dotster Inc.</p> <p>Mailing Address PO Box 821066</p> <p>City Vancouver State WA Zip Code 98682</p> <p>Purpose of Disbursement Domain Registration</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5642</p> <p>Date of Disbursement 12 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 20.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Embarq</p> <p>Mailing Address PO Box 96064</p> <p>City Charlotte State NC Zip Code 28296</p> <p>Purpose of Disbursement Phone lines, long distance, internet</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4470</p> <p>Date of Disbursement 07 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 250.41</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Embarq</p> <p>Mailing Address PO Box 96064</p> <p>City Charlotte State NC Zip Code 28296</p> <p>Purpose of Disbursement Phone lines long distance internet</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4529</p> <p>Date of Disbursement 08 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 129.71</p>

SUBTOTAL of Disbursements This Page (optional) ▶

400.12

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Embarq	Transaction ID: SB21B.4564 Date of Disbursement 09 / 28 / 2007
	Mailing Address PO Box 96064	Amount of Each Disbursement this Period 183.81
	City Charlotte State NC Zip Code 28296	
	Purpose of Disbursement Phone line Long distance Internet	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.5390 Date of Disbursement 10 / 29 / 2007
	Mailing Address PO Box 96064	Amount of Each Disbursement this Period 165.10
	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.5411 Date of Disbursement 11 / 26 / 2007
	Mailing Address PO Box 96064	Amount of Each Disbursement this Period 124.70
	City Charlotte State NC Zip Code 28296	
	Purpose of Disbursement Phone/LD and Internet	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	473.61
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Embarq	Transaction ID: SB21B.5634 Date of Disbursement 12 / 26 / 2007
	Mailing Address PO Box 96064	Amount of Each Disbursement this Period 124.26
	City Charlotte State NC Zip Code 28296	
	Purpose of Disbursement Internet Service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ted Hayes	Transaction ID: SB21B.4553 Date of Disbursement 09 / 27 / 2007
	Mailing Address PO BOX 17579 tedhayes.us	Amount of Each Disbursement this Period 500.00
	City Los Angeles State CA Zip Code 90017	
	Purpose of Disbursement Donation Ted Hayes tedhayes.us 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) Hilton Hotels Washington, DC	Transaction ID: SB21B.4456 Date of Disbursement 07 / 23 / 2007
	Mailing Address 1919 Connecticut Avenue NW 202-483-3000	Amount of Each Disbursement this Period 1039.46
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Hotel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1663.72
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Hilton Hotels Washington, DC	Transaction ID: SB21B.4498 Date of Disbursement 07 / 23 / 2007
	Mailing Address 1919 Connecticut Avenue NW 202-483-3000	Amount of Each Disbursement this Period 37.13
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Dry Cleaning	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) Hilton Hotels Washington, DC	Transaction ID: SB21B.4517 Date of Disbursement 07 / 23 / 2007
	Mailing Address 1919 Connecticut Avenue NW 202-483-3000	Amount of Each Disbursement this Period 8.96
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Logic Link access	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) HOMEWOOD SUITES	Transaction ID: SB21B.4453 Date of Disbursement 07 / 02 / 2007
	Mailing Address 1475 MASSACHUSettes Ave. NW	Amount of Each Disbursement this Period 1368.46
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Hotel DC	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1414.55
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) James Puckett</p> <p>Mailing Address 305 Colonial Dr.</p> <p>City Roanoke Rapids State NC Zip Code 27878</p> <p>Purpose of Disbursement Computer Repair and Data Entry</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4480</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="150.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) La Quinta Inn</p> <p>Mailing Address 2510 W Greenway Rd (602) 993-0800</p> <p>City Phoenix State AZ Zip Code 85023</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4556</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="332.88"/></p>
<p>C. Full Name (Last, First, Middle Initial) La Quinta Inn</p> <p>Mailing Address 2510 W Greenway Rd (602) 993-0800</p> <p>City Phoenix State AZ Zip Code 85023</p> <p>Purpose of Disbursement Room for Ted Hayse</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4565</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="178.55"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Little Bonanza Productions	Transaction ID: SB21B.5405 Date of Disbursement 11 / 01 / 2007
	Mailing Address 34729 Petersen Rd 661-268-7383	Amount of Each Disbursement this Period 650.00
	City Agua Dulce State CA Zip Code 91390	
	Purpose of Disbursement Theater Rental	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) Little Bonanza Productions	Transaction ID: SB21B.5412 Date of Disbursement 11 / 05 / 2007
	Mailing Address 34729 Petersen Rd 661-268-7383	Amount of Each Disbursement this Period 120.00
	City Agua Dulce State CA Zip Code 91390	
	Purpose of Disbursement Movie/Theater Rental	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) Little Bonanza Productions	Transaction ID: SB21B.5418 Date of Disbursement 11 / 05 / 2007
	Mailing Address 34729 Petersen Rd 661-268-7383	Amount of Each Disbursement this Period 100.00
	City Agua Dulce State CA Zip Code 91390	
	Purpose of Disbursement Movie Theater Rental	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	870.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Long Printing	Transaction ID: SB21B.4462 Date of Disbursement
	Mailing Address 4910 Departure Dr.	<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>
	City Raleigh State NC Zip Code 27622	Amount of Each Disbursement this Period
	Purpose of Disbursement Letterhead and Envelopes	<input type="text" value="562.85"/>
	Candidate Name	<input type="text" value="003"/> 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) Marriot Downtown Des Moines	Transaction ID: SB21B.5619 Date of Disbursement
	Mailing Address 700 Grand Ave	<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
	City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Lodging Expense	<input type="text" value="602.56"/>
	Candidate Name	<input type="text"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mass Media Distribution	Transaction ID: SB21B.4475 Date of Disbursement
	Mailing Address 12693 Tamiami Trl. E. # 222	<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
	City Naples State FL Zip Code 34113	Amount of Each Disbursement this Period
	Purpose of Disbursement Press Release Service	<input type="text" value="199.00"/>
	Candidate Name	<input type="text"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1364.41"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release 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.4528 Date of Disbursement 08 / 15 / 2007
	Amount of Each Disbursement this Period 199.00

B. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release 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.4563 Date of Disbursement 09 / 19 / 2007
	Amount of Each Disbursement this Period 199.00

C. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release Distribution 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.5389 Date of Disbursement 10 / 01 / 2007
	Amount of Each Disbursement this Period 199.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release Distribution 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.5388 Date of Disbursement 10 / 26 / 2007
	Amount of Each Disbursement this Period 199.00

B. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release 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.5386 Date of Disbursement 10 / 29 / 2007
	Amount of Each Disbursement this Period 199.00

C. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release Distribution 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.5617 Date of Disbursement 11 / 30 / 2007
	Amount of Each Disbursement this Period 199.00

SUBTOTAL of Disbursements This Page (optional) ► 597.00

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

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 63 / 75

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

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Mass Media Distribution</p> <p>Mailing Address 12693 Tamiami Trl. E. # 222</p> <p>City Naples State FL Zip Code 34113</p> <p>Purpose of Disbursement Press Release Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5627</p> <p>Date of Disbursement 12 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 199.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Mass Media Distribution</p> <p>Mailing Address 12693 Tamiami Trl. E. # 222</p> <p>City Naples State FL Zip Code 34113</p> <p>Purpose of Disbursement Press Release Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5625</p> <p>Date of Disbursement 12 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 199.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mass Media Distribution</p> <p>Mailing Address 12693 Tamiami Trl. E. # 222</p> <p>City Naples State FL Zip Code 34113</p> <p>Purpose of Disbursement Press Release Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5624</p> <p>Date of Disbursement 12 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 199.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

597.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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) North Carolina Dept. of the Sec. of State	Transaction ID: SB21B.6021 Date of Disbursement																			
	Mailing Address PO Box 29622	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	5		2	0	0	7												
	City Raleigh State NC Zip Code 27626-0622	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Lobbying Fee	<table border="1"><tr><td>480.00</td></tr></table>	480.00																		
480.00																					
	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) Northwest Airlines, Inc	Transaction ID: SB21B.5651 Date of Disbursement																			
	Mailing Address 10000 John Saunders Rd Ste DCK31	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	1		2	0	0	7												
	City San Antonio State TX Zip Code 78216	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Travel Expense Airfare	<table border="1"><tr><td>723.60</td></tr></table>	723.60																		
723.60																					
	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) ▼																			

C.	Full Name (Last, First, Middle Initial) Jim Palmer	Transaction ID: SB21B.5378 Date of Disbursement																			
	Mailing Address PO Box 30966	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	0	7												
	City Raleigh State NC Zip Code 27622-0966	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1350.00</td></tr></table>	1350.00																		
1350.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>2553.60</td></tr></table>	2553.60
2553.60		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Ms Jane Patterson	Transaction ID: SB21B.5404 Date of Disbursement 11 / 14 / 2007
	Mailing Address PO Box 30966	Amount of Each Disbursement this Period 1350.00
	City Raleigh State NC Zip Code 27622-0966	
	Purpose of Disbursement Payroll 985001 Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms Jane Patterson	Transaction ID: SB21B.6341 Date of Disbursement 12 / 12 / 2007
	Mailing Address PO Box 30966	Amount of Each Disbursement this Period 0.00
	City Raleigh State NC Zip Code 27622-0966	
	Purpose of Disbursement Reimbursement for Postage and Copies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rackspace Managed Hosting	Transaction ID: SB21B.4463 Date of Disbursement 07 / 09 / 2007
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	Amount of Each Disbursement this Period 450.00
	City San Antonio State TX Zip Code 78229	
	Purpose of Disbursement Internet Server Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1800.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Rackspace Managed Hosting	Transaction ID: SB21B.4523 Date of Disbursement 08 / 06 / 2007
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	Amount of Each Disbursement this Period 450.00
	City San Antonio State TX Zip Code 78229	
	Purpose of Disbursement Internet Server Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rackspace Managed Hosting	Transaction ID: SB21B.4555 Date of Disbursement 09 / 10 / 2007
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	Amount of Each Disbursement this Period 450.00
	City San Antonio State TX Zip Code 78229	
	Purpose of Disbursement Internet Server Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rackspace Managed Hosting	Transaction ID: SB21B.5380 Date of Disbursement 10 / 05 / 2007
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	Amount of Each Disbursement this Period 450.00
	City San Antonio State TX Zip Code 78229	
	Purpose of Disbursement Internet Server Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Rackspace Managed Hosting	Transaction ID: SB21B.5407 Date of Disbursement
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2007"/>
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Server	<input type="text" value="450.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rackspace Managed Hosting	Transaction ID: SB21B.5621 Date of Disbursement
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2007"/>
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Service	<input type="text" value="337.50"/>
	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) Server Beach LTD	Transaction ID: SB21B.4471 Date of Disbursement
	Mailing Address 112 E. Pecan Ste 1200	<input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
	City San Antonio State TX Zip Code 78205	Amount of Each Disbursement this Period
	Purpose of Disbursement Web Hosting Fees	<input type="text" value="229.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1016.50"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Staples Inc.	Transaction ID: SB21B.4452
	Mailing Address 500 Staples Dr	Date of Disbursement 07 / 26 / 2007
	City Framingham State MA Zip Code 01702	Amount of Each Disbursement this Period 1502.93
	Purpose of Disbursement Office furniture & equipment	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) Staples Inc.	Transaction ID: SB21B.4535
	Mailing Address 500 Staples Dr	Date of Disbursement 08 / 02 / 2007
	City Framingham State MA Zip Code 01702	Amount of Each Disbursement this Period 64.03
	Purpose of Disbursement Printer Cartridges	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) Staples Inc.	Transaction ID: SB21B.5409
	Mailing Address 500 Staples Dr	Date of Disbursement 11 / 06 / 2007
	City Framingham State MA Zip Code 01702	Amount of Each Disbursement this Period 164.80
	Purpose of Disbursement Printed Materials Advertisement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1731.76
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Support Services</p> <p>Mailing Address 2 Professional Dr</p> <p>City Gaithersburg State MD Zip Code 20879</p> <p>Purpose of Disbursement Mailing List Processing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6023</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="235.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Target Corporation Retail</p> <p>Mailing Address 1000 Nicollet Mall Minneapolis 612-304-6073</p> <p>City Minneapolis State MN Zip Code 55403</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6032</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="44.13"/></p>
<p>C. Full Name (Last, First, Middle Initial) Time Warner Cable</p> <p>Mailing Address 2505 Atlantic Ave. Ste. 101</p> <p>City Raleigh State NC Zip Code 27604</p> <p>Purpose of Disbursement Broad Band Cable</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5399</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="68.85"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Time Warner Cable Mailing Address 2505 Atlantic Ave. Ste. 101 City Raleigh State NC Zip Code 27604 Purpose of Disbursement Broad Band Cable Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.5408 Date of Disbursement 11 / 14 / 2007
	Amount of Each Disbursement this Period 255.75 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Time Warner Cable Mailing Address 2505 Atlantic Ave. Ste. 101 City Raleigh State NC Zip Code 27604 Purpose of Disbursement Broad Band Cable Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.5633 Date of Disbursement 12 / 12 / 2007
	Amount of Each Disbursement this Period 147.75 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) US Airways Mailing Address 4000 E. Sky Harbor Blvd. City Phoenix State AZ Zip Code 85034 Purpose of Disbursement Phoenix, Arizona Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.4468 Date of Disbursement 07 / 09 / 2007
	Amount of Each Disbursement this Period 254.40 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	657.90
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 4000 E. Sky Harbor Blvd.</p> <p>City Phoenix State AZ Zip Code 85034</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4525</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="299.20"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) US Postal Service</p> <p>Mailing Address 4325 Glenwood Ave.</p> <p>City Raleigh State NC Zip Code 27612</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4544</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) US Postal Service</p> <p>Mailing Address 4325 Glenwood Ave.</p> <p>City Raleigh State NC Zip Code 27612</p> <p>Purpose of Disbursement Post Office Box 6 months</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4534</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="84.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="403.20"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) US Postal Service</p> <p>Mailing Address 4325 Glenwood Ave.</p> <p>City Raleigh State NC Zip Code 27612</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6049</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="22.14"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address 2114 South Main Street</p> <p>City Wake Forest State NC Zip Code 27587</p> <p>Purpose of Disbursement Office Equipment Monitor for Video</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6019</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="790.03"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Who Radio</p> <p>Mailing Address 2141 Grand Ave</p> <p>City Des Moines State IA Zip Code 50312</p> <p>Purpose of Disbursement Commercial Huckabee and ATM fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.6040</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2012.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) William Gheen	Transaction ID: SB21B.4448 Date of Disbursement 07 / 06 / 2007
	Mailing Address PO Box 30966	
	City Raleigh State NC Zip Code 27622	Amount of Each Disbursement this Period 3500.00
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) William Gheen	Transaction ID: SB21B.4449 Date of Disbursement 07 / 06 / 2007
	Mailing Address PO Box 30966	
	City Raleigh State NC Zip Code 27622	Amount of Each Disbursement this Period 3500.00
	Purpose of Disbursement Salary May 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.4451 Date of Disbursement 07 / 06 / 2007
	Mailing Address PO Box 30966	
	City Raleigh State NC Zip Code 27622	Amount of Each Disbursement this Period 3500.00
	Purpose of Disbursement Salary June Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	10500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) William Gheen</p> <p>Mailing Address PO Box 30966</p> <p>City Raleigh State NC Zip Code 27622</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4520</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3500.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) William Gheen</p> <p>Mailing Address PO Box 30966</p> <p>City Raleigh State NC Zip Code 27622</p> <p>Purpose of Disbursement Salary Sept</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4522</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3500.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) William Gheen</p> <p>Mailing Address PO Box 30966</p> <p>City Raleigh State NC Zip Code 27622</p> <p>Purpose of Disbursement Salary Oct.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4550</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3500.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="10500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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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 <hr/> Mailing Address PO Box 30966 <hr/> City Raleigh State NC Zip Code 27622 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5377 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7
	Amount of Each Disbursement this Period 3500.00 <hr/> Category/Type 001
B. Full Name (Last, First, Middle Initial) William Gheen <hr/> Mailing Address PO Box 30966 <hr/> City Raleigh State NC Zip Code 27622 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5612 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7
	Amount of Each Disbursement this Period 3500.00 <hr/> Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

60542.50