

A. Form/Schedule : **F3XA**

Transaction ID :

Best Effort information was updated for the following donors: Linda Pass, William Constable, Glen Irwin, Brian Vocca, and Gerald Bullock also made contributions in the first half of 2009. Lee, Kwang has recently changed addresses. He also contributed in June, July, Sept., Dec., 2007, March, 2008, Feb., March, June, July, 2009 John W. Gleeson also contributed in the first half of 2009. Amended to make corrections to an anonymous contribution entry.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Americans for Legal Immigration PAC

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2009"/>		-434.74
(b) Cash on Hand at Beginning of Reporting Period	1048.08	
(c) Total Receipts (from Line 19)	60273.29	118143.62
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	61321.37	117708.88
7. Total Disbursements (from Line 31)	56171.61	112559.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5149.76	5149.76
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	19345.00	41027.00
(ii) Unitemized	40928.29	76916.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)	60273.29	117943.62
(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)	60273.29	117943.62
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	200.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	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))	60273.29	118143.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	60273.29	118143.62

DETAILED SUMMARY PAGE

of Disbursements

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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.....	56171.61	112309.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	56171.61	112309.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	250.00
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))..	56171.61	112559.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56171.61	112559.12

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)	60273.29	117943.62
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60273.29	117943.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	56171.61	112309.12
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	200.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	56171.61	112109.12

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 120
(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)
Michael Amos

Mailing Address 8455 Laurel Lakes Blvd.

City State Zip Code
Naples FL 34119

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.13287

Amount of Each Receipt this Period
1000.00

C

B.

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

Mailing Address 8455 Laurel Lakes Blvd.

City State Zip Code
Naples FL 34119

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.13465

Amount of Each Receipt this Period
1000.00

C

C.

Full Name (Last, First, Middle Initial)
Ricky Anderson

Mailing Address 4321 Hamm Rd

City State Zip Code
Barboursville VA 22923

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

Name of Employer Northrop Grumman Occupation Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.12578

Amount of Each Receipt this Period
100.00

C

SUBTOTAL of Receipts This Page (optional) ► **2100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 120
	<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) Ricky Anderson		Date of Receipt
	Mailing Address 4321 Hamm Rd		<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
	Barboursville	VA	22923
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13368
Name of Employer Northrop Grumman		Occupation Engineer	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"/> 400.00	C

B.	Full Name (Last, First, Middle Initial) Anonymous Anonymous		Date of Receipt
	Mailing Address Unknown		<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
	Unknown		
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13996
Name of Employer Best Effort		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"/> 50.00
		<input type="text"/> 220.00	Money Gram Money Order

C.	Full Name (Last, First, Middle Initial) Anonymous Anonymous		Date of Receipt
	Mailing Address Unknown		<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
	Unknown		
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14044
Name of Employer Best Effort		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"/> 10.00
		<input type="text"/> 230.00	Cash (Deposit Correction Requested)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 160.00
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 9 / 120
(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)
Kathryn K. Bell

Mailing Address 669 Rockledge Ct

City State Zip Code
Frisco TX 75034

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 ▼ 1250.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2009

Transaction ID: SA11AI.12831

Amount of Each Receipt this Period
750.00

C

B. Full Name (Last, First, Middle Initial)
Kathryn K. Bell

Mailing Address 669 Rockledge Ct

City State Zip Code
Frisco TX 75034

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 ▼ 3500.00

Date of Receipt
MM / DD / YYYY
10 / 10 / 2009

Transaction ID: SA11AI.13127

Amount of Each Receipt this Period
2250.00

C

C. Full Name (Last, First, Middle Initial)
Stephen Bellotti

Mailing Address 1555 Alta Glen Dr, #3

City State Zip Code
San Jose CA 95125

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

Name of Employer Jerome A Bellotti & Associates Occupation CPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
10 / 09 / 2009

Transaction ID: SA11AI.13114

Amount of Each Receipt this Period
100.00

C

SUBTOTAL of Receipts This Page (optional) ► **3100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 120
	<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) Stephen Bellotti	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 1555 Alta Glen Dr, #3	Transaction ID: SA11AI.13543
	City State Zip Code San Jose CA 95125	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	C
	Name of Employer Occupation Jerome A Bellotti & Associates CPA	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Bettie Blecke	Date of Receipt MM / DD / YYYY 11 / 25 / 2009
	Mailing Address 312 Byron Av	Transaction ID: SA11AI.13475
	City State Zip Code Bloomington IL 60108	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	C
	Name of Employer Occupation BeeJay Management Best Effort	Aggregate Year-to-Date 220.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) John J. Bolling	Date of Receipt MM / DD / YYYY 11 / 04 / 2009
	Mailing Address 103 Pineda	Transaction ID: SA11AI.13860
	City State Zip Code Huntsville AL 35811	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	k
	Name of Employer Occupation Retired Retired	Aggregate Year-to-Date 450.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	225.00
TOTAL This Period (last page this line number only)	

B. Form/Schedule : **SA11AI**

Best Effort, full name and occupation requested.

Transaction ID : **SA11AI.13475**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 120
(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)
Robert Bollinger

Mailing Address 1600 N San Fernando RD Apt 332

City State Zip Code
Burbank CA 91504

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

Name of Employer Occupation
Castellan Solutions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2009

Transaction ID: SA11AI.13081

Amount of Each Receipt this Period
150.00

C

B. Full Name (Last, First, Middle Initial)
Lawrence Bordonaro

Mailing Address 5744 Tobias Ave

City State Zip Code
Van Nuys CA 91411

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

Name of Employer Occupation
Fox Digital Technical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2009

Transaction ID: SA11AI.12567

Amount of Each Receipt this Period
100.00

C

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 ▼ 275.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2009

Transaction ID: SA11AI.12561

Amount of Each Receipt this Period
100.00

CC

SUBTOTAL of Receipts This Page (optional) ► 350.00

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

A. Form/Schedule : **SA11AI**

Best Effort Requested middle name and occupation.

Transaction ID : **SA11AI.13081**

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

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

FOR LINE NUMBER: PAGE 14 / 120
(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)
Linda Bridwell

Mailing Address 10695 Loire Ave

City San Diego State CA Zip Code 92131

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 11 / 06 / 2009
Transaction ID: SA11AI.13270
Amount of Each Receipt this Period 150.00

C

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

Mailing Address 2508B W. Grace St

City Richmond State VA Zip Code 23220

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

Name of Employer Self Employed Occupation Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 24 / 2009
Transaction ID: SA11AI.13954
Amount of Each Receipt this Period 100.00

k

C. Full Name (Last, First, Middle Initial)
Jerry Chapman

Mailing Address po box 2189

City atlantic beach State NC Zip Code 28512

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 07 / 10 / 2009
Transaction ID: SA11AI.12662
Amount of Each Receipt this Period 100.00

C

SUBTOTAL of Receipts This Page (optional) ▶ 350.00

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

B. Form/Schedule : **SA11AI**

Prior contribution in 2008 and first half of 2009

Transaction ID : **SA11AI.13954**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 120
(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)
Jerry Chapman

Mailing Address po box 2189

City atlantic beach State NC Zip Code 28512

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 ▼ 325.00

Date of Receipt: 10 / 23 / 2009

Transaction ID: SA11AI.13177

Amount of Each Receipt this Period: 50.00

C

B.

Full Name (Last, First, Middle Initial)
Marilyn Coddington

Mailing Address 11347 40th. Avenue

City Allendale State MI Zip Code 49401-9533

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: 11 / 18 / 2009

Transaction ID: SA11AI.12343

Amount of Each Receipt this Period: 250.00

p

C.

Full Name (Last, First, Middle Initial)
Larry Coke

Mailing Address 17752 Johnson Rd

City Pelkie State MI Zip Code 49958

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

Name of Employer Signature Research Occupation Scientist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 10 / 2009

Transaction ID: SA11AI.12771

Amount of Each Receipt this Period: 200.00

C

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

B. Form/Schedule : **SA11AI**

Best Effort Requested middle name, employer and occupation.

Transaction ID : **SA11AI.12343**

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

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

FOR LINE NUMBER: PAGE 18 / 120
(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)
Larry Coke

Mailing Address 17752 Johnson Rd

City State Zip Code
Pelkie MI 49958

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

Name of Employer Signature Research Occupation Scientist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt

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

Transaction ID: SA11AI.12225

Amount of Each Receipt this Period
75.00

p

B. Full Name (Last, First, Middle Initial)
Larry Coke

Mailing Address 17752 Johnson Rd

City State Zip Code
Pelkie MI 49958

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

Name of Employer Signature Research Occupation Scientist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 475.00

Date of Receipt

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

Transaction ID: SA11AI.12291

Amount of Each Receipt this Period
100.00

p

C. Full Name (Last, First, Middle Initial)
Larry Coke

Mailing Address 17752 Johnson Rd

City State Zip Code
Pelkie MI 49958

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

Name of Employer Signature Research Occupation Scientist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 675.00

Date of Receipt

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

Transaction ID: SA11AI.13526

Amount of Each Receipt this Period
200.00

C

SUBTOTAL of Receipts This Page (optional) ► **375.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 120

(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)
William Constable

Mailing Address 2341 Palos Verdes Dr. West

City State Zip Code
Palos Verdes Estat CA 90274

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

Name of Employer Occupation
Fedex Pilot

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 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.13609

Amount of Each Receipt this Period

25.00

C

B.

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

Mailing Address 567 S. Arlington Rd.

City State Zip Code
Orange CA 92869

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

Name of Employer Occupation
Coolbaugh Masonry, Inc. Masonry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.12761

Amount of Each Receipt this Period

100.00

C

C.

Full Name (Last, First, Middle Initial)
Cecily Craft Dresser

Mailing Address 1242 W. Country Club Rd

City State Zip Code
Crawfordsvilln IN 47933

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 ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.13724

Amount of Each Receipt this Period

40.00

k

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.13609**

Updated Occupation

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.13724**

Employer and occupation information requested

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 120
	<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) Rebecca Craig		Date of Receipt
	Mailing Address 346 Weakley Creek Rd		<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
	Lawrenceburg	TN	38464
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13505
Name of Employer Health South Rehabilitation		Occupation Medical	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"/>
		<input type="text"/> 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Kathryn S Cromer		Date of Receipt
	Mailing Address 4342 Provinceline Rd		<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
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12564
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"/>
		<input type="text"/> 800.00	<input type="text"/> 100.00

C.	Full Name (Last, First, Middle Initial) Kathryn S Cromer		Date of Receipt
	Mailing Address 4342 Provinceline Rd		<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
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12841
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"/>
		<input type="text"/> 900.00	<input type="text"/> 100.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 450.00
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 22 / 120
(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)
Kathryn S Cromer
Mailing Address 4342 Provinceline Rd
City Princeton State NJ Zip Code 08540
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Healthcare
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 07 / 15 / 2009
Transaction ID: SA11AI.13035
Amount of Each Receipt this Period 100.00
C

B. Full Name (Last, First, Middle Initial)
Kathryn S Cromer
Mailing Address 4342 Provinceline Rd
City Princeton State NJ Zip Code 08540
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Healthcare
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00
Date of Receipt 10 / 27 / 2009
Transaction ID: SA11AI.13198
Amount of Each Receipt this Period 300.00
C

C. Full Name (Last, First, Middle Initial)
Robert Dietrich
Mailing Address 1312 Burbeck Ave
City Richmond State CA Zip Code 94801
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 ▼ 210.00
Date of Receipt 07 / 12 / 2009
Transaction ID: SA11AI.12887
Amount of Each Receipt this Period 40.00
C

SUBTOTAL of Receipts This Page (optional) ▶ 440.00
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 23 / 120
	<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) Robert Dietrich	Date of Receipt MM / DD / YYYY 10 / 21 / 2009
	Mailing Address 1312 Burbeck Ave	Transaction ID: SA11AI.12258
	City Richmond State CA Zip Code 94801	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	p
	Name of Employer Retired Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 235.00		

B.	Full Name (Last, First, Middle Initial) Gordon Domes	Date of Receipt MM / DD / YYYY 11 / 24 / 2009
	Mailing Address 13895 Beck Rd	Transaction ID: SA11AI.13910
	City Dallas State OR Zip Code 97338	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	k
	Name of Employer Best Effort Occupation Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 400.00		

C.	Full Name (Last, First, Middle Initial) Josie Falbo	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 2847 S Buckingham	Transaction ID: SA11AI.12624
	City Westchester State IL Zip Code 60154	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	C
	Name of Employer Self-Employed Occupation Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

B. Form/Schedule : **SA11AI**

Request sent for employer and occupation, not included on card

Transaction ID : **SA11AI.13910**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 120
(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) Josie Falbo		Date of Receipt MM / DD / YYYY 11 / 19 / 2009	
Mailing Address 2847 S Buckingham		Transaction ID: SA11AI.13384	
City Westchester	State IL	Zip Code 60154	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		C	
Name of Employer Self-Employed	Occupation Best Effort	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.

Full Name (Last, First, Middle Initial) Kyle Ferguson		Date of Receipt MM / DD / YYYY 07 / 14 / 2009	
Mailing Address PO Box 780931		Transaction ID: SA11AI.13013	
City Dallas	State TX	Zip Code 75378	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		C	
Name of Employer Self-Employed	Occupation Best Effort	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.

Full Name (Last, First, Middle Initial) Joe Flaherty		Date of Receipt MM / DD / YYYY 11 / 02 / 2009	
Mailing Address 3316 Southern Cove		Transaction ID: SA11AI.13244	
City Cabot	State AR	Zip Code 72023	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		C	
Name of Employer Retired	Occupation Retired	Aggregate Year-to-Date ▼ 230.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 120
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
James Frazier

Mailing Address 1712 Black Oak

City State Zip Code
Lafayette IN 47905

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 ▼ 300.00

Date of Receipt: 07 / 20 / 2009
Transaction ID: SA11AI.13683
Amount of Each Receipt this Period: 100.00

k

B. Full Name (Last, First, Middle Initial)
James GARBUTT

Mailing Address 541 Prospect Avenue

City State Zip Code
Hackensack NJ 07601

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

Name of Employer Occupation
Self Employed Plumber

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 10 / 2009
Transaction ID: SA11AI.12774
Amount of Each Receipt this Period: 300.00

C

C. Full Name (Last, First, Middle Initial)
John W. Gleeson

Mailing Address 7626 South Shenandoah Dr.

City State Zip Code
Elizabeth CO 80107

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

Name of Employer Occupation
Qwest Comm Computer Systems Engineer, Information

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 03 / 2009
Transaction ID: SA11AI.12216
Amount of Each Receipt this Period: 50.00

p

SUBTOTAL of Receipts This Page (optional) ▶ 450.00

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.13683**

Best effort, letter sent. Requested middle name, employer and occupation

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.12216**

Best Effort Requested name and occupation.

**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 28 / 120
	<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) John W. Gleeson	Date of Receipt MM / DD / YYYY 10 / 29 / 2009
	Mailing Address 7626 South Shenandoah Dr.	Transaction ID: SA11AI.12296
	City Elizabeth State CO Zip Code 80107	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	p
	Name of Employer Qwest Comm Occupation Computer Systems Engineer, Information	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) John W. Gleeson	Date of Receipt MM / DD / YYYY 11 / 23 / 2009
	Mailing Address 7626 South Shenandoah Dr.	Transaction ID: SA11AI.12389
	City Elizabeth State CO Zip Code 80107	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	p
	Name of Employer Qwest Comm Occupation Computer Systems Engineer, Information	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Charles Goodno	Date of Receipt MM / DD / YYYY 11 / 20 / 2009
	Mailing Address P.O. Box 2463	Transaction ID: SA11AI.13429
	City Chapel Hill State NC Zip Code 27515-2463	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	C
	Name of Employer ASDF Occupation Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

C. Form/Schedule : **SA11AI**

Best Effort request sent for occupation.

Transaction ID : **SA11AI.13429**

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 30 / 120
	<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) G. Louis Graziadio, III	Date of Receipt MM / DD / YYYY 11 / 24 / 2009
	Mailing Address 149 Palos Verdes Blvd Ste G	Transaction ID: SA11AI.13956
	City State Zip Code Redondon Beach CA 90277	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	k
Name of Employer Best Effort	Occupation Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Rick Guynn	Date of Receipt MM / DD / YYYY 07 / 13 / 2009
	Mailing Address 200 fiddlers knoll ct.	Transaction ID: SA11AI.12113
	City State Zip Code Kernersville NC 27284	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	p
Name of Employer Starr Ele. Inc	Occupation Helpdesk Admin.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Rick Guynn	Date of Receipt MM / DD / YYYY 10 / 27 / 2009
	Mailing Address 200 fiddlers knoll ct.	Transaction ID: SA11AI.12295
	City State Zip Code Kernersville NC 27284	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	p
Name of Employer Starr Ele. Inc	Occupation Helpdesk Admin.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	

A. Form/Schedule : **SA11AI**

Best Effort Letter sent requesting first name, employer and occupation.

Transaction ID : **SA11AI.13956**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 120

(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)
Rick Guynn

Mailing Address 200 fiddlers knoll ct.

City State Zip Code
Kernersville NC 27284

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

Name of Employer Occupation
Starr Ele. Inc Helpdesk Admin.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

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

Transaction ID: SA11AI.12329

Amount of Each Receipt this Period

50.00

p

B.

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

Mailing Address 12901 Blue Lane

City State Zip Code
Silver Springs MD 20906

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

Name of Employer Occupation
Compliance, Inc. General Worker

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.13073

Amount of Each Receipt this Period

500.00

C

C.

Full Name (Last, First, Middle Initial)
Leslie Hay

Mailing Address PO Box 11225

City State Zip Code
Montgomery AL 36111

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

Name of Employer Occupation
State of AL IT Manager

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.12849

Amount of Each Receipt this Period

100.00

C

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 120
	<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)
Leslie Hay

Mailing Address PO Box 11225

City State Zip Code
Montgomery AL 36111

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

Name of Employer State of AL Occupation IT Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.13589

Amount of Each Receipt this Period
100.00

C

B.

Full Name (Last, First, Middle Initial)
Gary Hilyer

Mailing Address 6600 West Warner

City State Zip Code
Huntington Beach CA 92647

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 ▼ 480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	9

Transaction ID: SA11AI.13979

Amount of Each Receipt this Period
300.00

Citibank Money Order

C.

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

Mailing Address 2428 N. Valencia Ave.

City State Zip Code
Santa Ana CA 92706

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.12235

Amount of Each Receipt this Period
50.00

p

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

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

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.13979**

Purchase signature looks like N. G. M. We have no other information about this contribution.

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.12235**

Middle name requested.

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

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

FOR LINE NUMBER: PAGE 35 / 120
(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)
Jerry C. Houchens
Mailing Address 2428 N. Valencia Ave.
City Santa Ana State CA Zip Code 92706
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00
Date of Receipt 11 / 20 / 2009
Transaction ID: SA11AI.12367
Amount of Each Receipt this Period 25.00
p

B. Full Name (Last, First, Middle Initial)
Jerry C. Houchens
Mailing Address 2428 N. Valencia Ave.
City Santa Ana State CA Zip Code 92706
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 ▼ 305.00
Date of Receipt 11 / 30 / 2009
Transaction ID: SA11AI.12418
Amount of Each Receipt this Period 30.00
p

C. Full Name (Last, First, Middle Initial)
Glen I. Irwin
Mailing Address 6830 Elmrich Ct.
City Anchorage State AK Zip Code 99504
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 07 / 10 / 2009
Transaction ID: SA11AI.12028
Amount of Each Receipt this Period 100.00
p

SUBTOTAL of Receipts This Page (optional) ► 155.00
TOTAL This Period (last page this line number only) ►

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.12367**

Requested middle name.

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.12028**

Best Effort middle name added. Glen Irwin also contributed in the first half of 2009.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 120
(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)
Glen I. Irwin

Mailing Address 6830 Elmrich Ct.

City State Zip Code
Anchorage AK 99504

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

Name of Employer Retired Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.12239

Amount of Each Receipt this Period

100.00

p

B.

Full Name (Last, First, Middle Initial)
Glen I. Irwin

Mailing Address 6830 Elmrich Ct.

City State Zip Code
Anchorage AK 99504

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

Name of Employer Retired Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.12270

Amount of Each Receipt this Period

50.00

p

C.

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 Best Effort Occupation Best Effort

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.13691

Amount of Each Receipt this Period

2000.00

k

SUBTOTAL of Receipts This Page (optional)

2150.00

TOTAL This Period (last page this line number only)

C. Form/Schedule : **SA11AI**

Best effort letter sent requesting information.

Transaction ID : **SA11AI.13691**

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

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

FOR LINE NUMBER: PAGE 39 / 120
(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)
Gayle Kesselman

Mailing Address 519 Hackensack St

City State Zip Code
Carlstadt NJ 07072

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

Name of Employer Occupation
UMDNJ Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2009

Transaction ID: SA11AI.12978

Amount of Each Receipt this Period
250.00

C

B. Full Name (Last, First, Middle Initial)
Gayle Kesselman

Mailing Address 519 Hackensack St

City State Zip Code
Carlstadt NJ 07072

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

Name of Employer Occupation
UMDNJ Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2009

Transaction ID: SA11AI.13445

Amount of Each Receipt this Period
100.00

C

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

Mailing Address 1725 89th Place NE

City State Zip Code
Clude Hill WA 98004

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2009

Transaction ID: SA11AI.13727

Amount of Each Receipt this Period
100.00

k

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 120
(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)
Walter Kleiner

Mailing Address 1725 89th Place NE

City Clude Hill State WA Zip Code 98004

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 11 / 24 / 2009

Transaction ID: SA11AI.13915

Amount of Each Receipt this Period: 100.00

k

B.

Full Name (Last, First, Middle Initial)
Phyllis Klopf

Mailing Address 508 W. Cortner St.

City Hanford State CA Zip Code 93230

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

Name of Employer Best Effort Declined to Answer Occupation Best Effort Declined to Answer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 15 / 2009

Transaction ID: SA11AI.13041

Amount of Each Receipt this Period: 50.00

C

C.

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

Mailing Address 4 Greenridge Forest Ct

City Woodlands State TX Zip Code 77381

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

Name of Employer Self-Employed Occupation Medical Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 07 / 20 / 2009

Transaction ID: SA11AI.13687

Amount of Each Receipt this Period: 300.00

k

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

B. Form/Schedule : **SA11AI**

Full name, employer and occupation requested.

Transaction ID : **SA11AI.13041**

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 42 / 120
	<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) Kwang S. Lee	Date of Receipt MM / DD / YYYY 11 / 24 / 2009
	Mailing Address 4 Greenridge Forest Ct	Transaction ID: SA11AI.13919
	City State Zip Code Woodlands TX 77381	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	k
	Name of Employer Self-Employed Occupation Medical Field	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

B.	Full Name (Last, First, Middle Initial) Mark Lewis	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 4187 Columbia Road	Transaction ID: SA11AI.13562
	City State Zip Code North Olmsted OH 44070	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	C
	Name of Employer Best Effort Occupation Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Laurie Maines	Date of Receipt MM / DD / YYYY 07 / 13 / 2009
	Mailing Address 218123 Eagle Peak Ave.	Transaction ID: SA11AI.12938
	City State Zip Code Santa Clarita CA 91387	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	C
	Name of Employer Engineered Lighting Products Occupation Engineering	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.13919**

Lee, Kwang has recently changed address from Neederland, TX. He also contributed in June, July, Sept., Dec., 2007, March, 2008, Feb., March, June, July, 2009

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.13562**

Best Effort Requested Employer and Occupation

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

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

FOR LINE NUMBER: PAGE 44 / 120
(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)
Laurie Maines

Mailing Address 218123 Eagle Peak Ave.

City State Zip Code
Santa Clarita CA 91387

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

Name of Employer: Engineered Lighting Products
Occupation: Engineering

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt: 11 / 13 / 2009
Transaction ID: SA11AI.13301
 Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
Charles Matson

Mailing Address 914 East C Street

City State Zip Code
North Platte NE 69101

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

Name of Employer: UPRR
Occupation: Railroad

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt: 11 / 20 / 2009
Transaction ID: SA11AI.13426
 Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Charles Matson

Mailing Address 914 East C Street

City State Zip Code
North Platte NE 69101

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

Name of Employer: UPRR
Occupation: Railroad

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt: 11 / 30 / 2009
Transaction ID: SA11AI.13537
 Amount of Each Receipt this Period: 25.00

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: PAGE 45 / 120

(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)
Robert Meyendorf

Mailing Address 337 Firwood Dr. Apt. A

City State Zip Code
Dayton OH 45419

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

Name of Employer Occupation
University of Dayton Best Effort

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

Date of Receipt

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

Transaction ID: SA11AI.13283

Amount of Each Receipt this Period

150.00

C

B.

Full Name (Last, First, Middle Initial)
Sheron M. Owen

Mailing Address 2622 S Kingston Ct

City State Zip Code
Aurora CO 80014-1723

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 ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.13172

Amount of Each Receipt this Period

50.00

C

C.

Full Name (Last, First, Middle Initial)
Sheron M. Owen

Mailing Address 2622 S Kingston Ct

City State Zip Code
Aurora CO 80014-1723

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 ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.13934

Amount of Each Receipt this Period

100.00

k

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.13283**

Best Effort Requested middle name and occupation.

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.13172**

Best Effort Requested Employer and Occupation

**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 47 / 120
	<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) Sharon M. Owen		Date of Receipt
	Mailing Address 2622 S Kingston Ct		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Aurora	CO	80014-1723
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14000
Name of Employer Best Effort		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 ▼ 400.00	<input type="text" value="50.00"/>

B.	Full Name (Last, First, Middle Initial) Linda Pass		Date of Receipt
	Mailing Address P O Box 7965		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Athens	GA	30604
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13298
Name of Employer Self-employed		Occupation Semi-Retired Accountant	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 ▼ 205.00	<input type="text" value="75.00"/>

C.	Full Name (Last, First, Middle Initial) Judy H. Patterson		Date of Receipt
	Mailing Address 117 Heliport Dr		<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Rutherfordton	NC	28139
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13958
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 ▼ 250.00	<input type="text" value="100.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="225.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.13298**

Linda Pass also made previous contributions in the first half of 2009.

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

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

FOR LINE NUMBER: PAGE 49 / 120
(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)
Dennis Peinsipp

Mailing Address Green Turtle Cay

City State Zip Code
Abaco Bahamas

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

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	0	/	2	0	0	9

Transaction ID: SA11AI.13713

Amount of Each Receipt this Period
100.00

k

B. Full Name (Last, First, Middle Initial)
Richard D. Reamer

Mailing Address 1902 Ardenwood Ter

City State Zip Code
Crofton MD 21114-1701

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

Name of Employer Service Power Occupation Computer Software

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	0	/	2	0	0	9

Transaction ID: SA11AI.13740

Amount of Each Receipt this Period
100.00

k

C. Full Name (Last, First, Middle Initial)
Richard D. Reamer

Mailing Address 1902 Ardenwood Ter

City State Zip Code
Crofton MD 21114-1701

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

Name of Employer Service Power Occupation Computer Software

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
415.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	0	9

Transaction ID: SA11AI.13809

Amount of Each Receipt this Period
50.00

k

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

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.13713**

Address is complete, no state or zip. Best Effort Letter sent requesting additional information.
Could not be reached by phone number provided.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 120
(check only one)

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

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

A.

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

Mailing Address 1902 Ardenwood Ter

City State Zip Code
Crofton MD 21114-1701

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

Name of Employer Service Power Occupation Computer Software

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt: 09 / 10 / 2009
Transaction ID: SA11AI.13854
Amount of Each Receipt this Period: 75.00

B.

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

Mailing Address 1902 Ardenwood Ter

City State Zip Code
Crofton MD 21114-1701

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

Name of Employer Service Power Occupation Computer Software

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt: 11 / 04 / 2009
Transaction ID: SA11AI.13869
Amount of Each Receipt this Period: 50.00

C.

Full Name (Last, First, Middle Initial)
Helen Reske

Mailing Address 845 S. Pendleton Ave

City State Zip Code
Pendleton IN 46064

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 20 / 2009
Transaction ID: SA11AI.13718
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ▶ **325.00**

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

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.13718**

Best Effort sent request for employer and occupation.

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

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

FOR LINE NUMBER: PAGE 53 / 120
(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)
Helen Reske
Mailing Address 845 S. Pendleton Ave
City Pendleton State IN Zip Code 46064
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00
Date of Receipt 07 / 20 / 2009
Transaction ID: SA11AI.13753
Amount of Each Receipt this Period 200.00
k

B. Full Name (Last, First, Middle Initial)
Helen Reske
Mailing Address 845 S. Pendleton Ave
City Pendleton State IN Zip Code 46064
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00
Date of Receipt 09 / 10 / 2009
Transaction ID: SA11AI.13851
Amount of Each Receipt this Period 100.00
k

C. Full Name (Last, First, Middle Initial)
Helen Reske
Mailing Address 845 S. Pendleton Ave
City Pendleton State IN Zip Code 46064
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt 11 / 04 / 2009
Transaction ID: SA11AI.13884
Amount of Each Receipt this Period 100.00
k

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 54 / 120
(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)
Helen Reske
Mailing Address 845 S. Pendleton Ave
City Pendleton State IN Zip Code 46064
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00
Date of Receipt 12 / 08 / 2009
Transaction ID: SA11AI.14006
Amount of Each Receipt this Period 100.00
k

B. Full Name (Last, First, Middle Initial)
Helen Reske
Mailing Address 845 S. Pendleton Ave
City Pendleton State IN Zip Code 46064
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 950.00
Date of Receipt 12 / 08 / 2009
Transaction ID: SA11AI.14007
Amount of Each Receipt this Period 100.00
k

C. Full Name (Last, First, Middle Initial)
Brian Richardson
Mailing Address 1718 Port Barmouth Pl
City Newport Beach State CA Zip Code 92660-5313
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 07 / 12 / 2009
Transaction ID: SA11AI.12836
Amount of Each Receipt this Period 100.00
C

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 55 / 120
(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)
Norman Rogers

Mailing Address 2627 S Bayshore Dr Apt 1204

City State Zip Code
Miami FL 33133

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2009

Transaction ID: SA11AI.13010

Amount of Each Receipt this Period
500.00

C

B. Full Name (Last, First, Middle Initial)
Reva Rohe

Mailing Address 15509 Mauna Loa Lane

City State Zip Code
Houston TX 77040

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
MM / DD / YYYY
11 / 20 / 2009

Transaction ID: SA11AI.13434

Amount of Each Receipt this Period
100.00

C

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

Mailing Address 6435 Dehesa Road

City State Zip Code
El Cajon CA 92019

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2009

Transaction ID: SA11AI.12863

Amount of Each Receipt this Period
100.00

C

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.13010**

Best Effort Request for employer and occupation sent.

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.13434**

Best Effort Requested middle name.

C. Form/Schedule : **SA11AI**

Best Effort Request for middle name sent and occupation

Transaction ID : **SA11AI.12863**

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

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

FOR LINE NUMBER: PAGE 58 / 120
(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)
Ingrid Schneider
Mailing Address 1420 Steverly Ave
City Long Beach State CA Zip Code 90815
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 11 / 24 / 2009
Transaction ID: SA11AI.13931
Amount of Each Receipt this Period 50.00
k

B. Full Name (Last, First, Middle Initial)
Ingrid Schneider
Mailing Address 1420 Steverly Ave
City Long Beach State CA Zip Code 90815
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 11 / 24 / 2009
Transaction ID: SA11AI.13962
Amount of Each Receipt this Period 50.00
k

C. Full Name (Last, First, Middle Initial)
Ingrid Schneider
Mailing Address 1420 Steverly Ave
City Long Beach State CA Zip Code 90815
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 ▼ 325.00
Date of Receipt 11 / 24 / 2009
Transaction ID: SA11AI.13963
Amount of Each Receipt this Period 25.00
k

SUBTOTAL of Receipts This Page (optional) ► 125.00
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 59 / 120
	<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) Kathleen Schwartzman		Date of Receipt
	Mailing Address 19223 Index St Unit 1		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Northridge	CA	91326
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13302
Name of Employer Retired		Occupation	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="225.00"/>	C

B.	Full Name (Last, First, Middle Initial) Jane Shafer		Date of Receipt
	Mailing Address 634 Blossom Ln		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lincoln	CA	95648
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13159
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="50.00"/>
		<input type="text" value="225.00"/>	C

C.	Full Name (Last, First, Middle Initial) Robert Simcox		Date of Receipt
	Mailing Address PO Box 55		<input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Paoli	IN	47454
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13723
Name of Employer Lancer		Occupation Driver	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="100.00"/>
		<input type="text" value="225.00"/>	k

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="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 60 / 120
	<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) James R. Snow		Date of Receipt
	Mailing Address 16538 redwood circle		<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 1 1 / 1 9 / 2 0 0 9
	City	State	Zip Code
	fountain valley	CA	92708
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13385
Name of Employer Boeing		Occupation Engineer	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
			C

B.	Full Name (Last, First, Middle Initial) Brian Vocca		Date of Receipt
	Mailing Address 1210 Beach Dr		<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 1 1 / 0 4 / 2 0 0 9
	City	State	Zip Code
	Seaside	OR	97138
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13887
Name of Employer Self Employed		Occupation Computer Systems Engineer	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
			k

C.	Full Name (Last, First, Middle Initial) Charles B. Woods		Date of Receipt
	Mailing Address 228 Lewis Tate Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 7 / 1 0 / 2 0 0 9
	City	State	Zip Code
	Meridianville	AL	35759
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12612
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"/> 100.00
			C

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

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.13385**

Best Effort Requested Occupation and middle name.

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.13887**

Previous contribution in April 2009

C. Form/Schedule : **SA11AI**

Best Effort Middle name, employer and occupation requested

Transaction ID : **SA11AI.12612**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 120

(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)
Charles Woodul

Mailing Address 709 Villa Antigua Ct

City State Zip Code
El Paso TX 79932

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

Name of Employer Occupation
El Paso ISD Best Effort

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 9

Transaction ID: SA11AI.13622

Amount of Each Receipt this Period

200.00

C

B.

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

Mailing Address 1211 Honey Lake St

City State Zip Code
Las Vegas NV 89110

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.13181

Amount of Each Receipt this Period

25.00

C

C.

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

Mailing Address 1211 Honey Lake St

City State Zip Code
Las Vegas NV 89110

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 ▼ 275.00

Date of Receipt

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

Transaction ID: SA11AI.13353

Amount of Each Receipt this Period

50.00

C

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**

Best Effort Requested middle name and occupation

Transaction ID : **SA11AI.13622**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 65 / 120	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Newton W. Young

Mailing Address 22637 Hickory Ave

City State Zip Code
Torrance CA 90505

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
1 1 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.13905

Amount of Each Receipt this Period
100.00

k

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	19345.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. 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 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.11930</p> <p>Date of Disbursement 08 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 122.04</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 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.12502</p> <p>Date of Disbursement 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 4.95</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 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.12510</p> <p>Date of Disbursement 11 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 5.04</p>

SUBTOTAL of Disbursements This Page (optional) ▶

132.03

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 67 / 120

<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.12537 Date of Disbursement
	Mailing Address PO Box 36001	<input type="text" value="12"/> <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Ft. Lauderdale State FL Zip Code 33336	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees	<input type="text" value="4.95"/>
	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) American Express	Transaction ID: SB21B.12541 Date of Disbursement
	Mailing Address PO Box 36001	<input type="text" value="12"/> <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Ft. Lauderdale State FL Zip Code 33336	Amount of Each Disbursement this Period
	Purpose of Disbursement Processing Fee Credit Card	<input type="text" value="28.60"/>
	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) American Express	Transaction ID: SB21B.12556 Date of Disbursement
	Mailing Address PO Box 36001	<input type="text" value="12"/> <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Ft. Lauderdale State FL Zip Code 33336	Amount of Each Disbursement this Period
	Purpose of Disbursement Processing Fee Credit Card	<input type="text" value="4.95"/>
	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="38.50"/>
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) Authorize Net Corporation	Transaction ID: SB21B.11911 Date of Disbursement
	Mailing Address 915 S. 500 E. Ste. 200	<input type="text" value="07"/> <input type="text" value="03"/> / <input type="text" value="2009"/>
	City American Fork State VT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement Processing Fee Credit Card	<input type="text" value="43.50"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) Authorize Net Corporation	Transaction ID: SB21B.11935 Date of Disbursement
	Mailing Address 915 S. 500 E. Ste. 200	<input type="text" value="08"/> <input type="text" value="04"/> / <input type="text" value="2009"/>
	City American Fork State VT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees	<input type="text" value="60.05"/>
	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.12455 Date of Disbursement
	Mailing Address 915 S. 500 E. Ste. 200	<input type="text" value="09"/> <input type="text" value="02"/> / <input type="text" value="2009"/>
	City American Fork State VT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement Processing Fee Credit Card	<input type="text" value="40.10"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="143.65"/>
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. Full Name (Last, First, Middle Initial) Authorize Net Corporation</p> <p>Mailing Address 915 S. 500 E. Ste. 200</p> <p>City American Fork State VT Zip Code 84003</p> <p>Purpose of Disbursement Processing Fee Credit Card</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.12477</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="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.40"/></p>
<p>B. Full Name (Last, First, Middle Initial) Authorize Net Corporation</p> <p>Mailing Address 915 S. 500 E. Ste. 200</p> <p>City American Fork State VT Zip Code 84003</p> <p>Purpose of Disbursement Processing Fee Credit Card</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.12509</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="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="46.35"/></p>
<p>C. Full Name (Last, First, Middle Initial) Authorize Net Corporation</p> <p>Mailing Address 915 S. 500 E. Ste. 200</p> <p>City American Fork State VT Zip Code 84003</p> <p>Purpose of Disbursement Processing Fee Credit Card</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.12540</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="52.15"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="138.90"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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) Best Buy Mailing Address P.O. Box 9312 1-888-BEST BUY (1-888-237-8289) City State Zip Code Minneapolis MN 55440 Purpose of Disbursement Office supplies and 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.12530 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 9	Amount of Each Disbursement this Period 221.93
B.	Full Name (Last, First, Middle Initial) Branch Banking and Trust Mailing Address 200 West Second Street City State Zip Code Winston-Salem NC 27101 Purpose of Disbursement Service Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.11919 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 9	Amount of Each Disbursement this Period 105.00
C.	Full Name (Last, First, Middle Initial) Branch Banking and Trust Mailing Address 200 West Second Street City State Zip Code Winston-Salem NC 27101 Purpose of Disbursement Service Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.11921 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 9	Amount of Each Disbursement this Period 35.00

SUBTOTAL of Disbursements This Page (optional) ▶

361.93

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 200 West Second Street City Winston-Salem State NC Zip Code 27101 Purpose of Disbursement Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.11960 Date of Disbursement 08 / 21 / 2009 Amount of Each Disbursement this Period 192.00
B.	Full Name (Last, First, Middle Initial) Branch Banking and Trust Mailing Address 200 West Second Street City Winston-Salem State NC Zip Code 27101 Purpose of Disbursement Service Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.12472 Date of Disbursement 09 / 21 / 2009 Amount of Each Disbursement this Period 128.00
C.	Full Name (Last, First, Middle Initial) Branch Banking and Trust Mailing Address 200 West Second Street City Winston-Salem State NC Zip Code 27101 Purpose of Disbursement Service Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.12511 Date of Disbursement 11 / 04 / 2009 Amount of Each Disbursement this Period 35.00

SUBTOTAL of Disbursements This Page (optional) ▶	355.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Branch Banking and Trust	Transaction ID: SB21B.12552 Date of Disbursement
	Mailing Address 200 West Second Street	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City Winston-Salem State NC Zip Code 27101	Amount of Each Disbursement this Period
	Purpose of Disbursement Service Fee	<input type="text" value="12.70"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Callfire	Transaction ID: SB21B.12553 Date of Disbursement
	Mailing Address 1838 Corinth Ave #3	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City Los Angeles State CA Zip Code 90025	Amount of Each Disbursement this Period
	Purpose of Disbursement Phone Bank Svc	<input type="text" value="500.00"/>
	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:	

C.	Full Name (Last, First, Middle Initial) Constant Contact	Transaction ID: SB21B.11906 Date of Disbursement
	Mailing Address 1601 Trapelo Road, Suite 329 866-289-2101	<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City Waltham State MA Zip Code 02451	Amount of Each Disbursement this Period
	Purpose of Disbursement E-Mail Service	<input type="text" value="250.00"/>
	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:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="762.70"/>
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. Constant Contact	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.11928																					
	Mailing Address	Date of Disbursement																					
	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>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	3		2	0	0	9														
	City	State	Zip Code																				
	Waltham	MA	02451																				
	Purpose of Disbursement	Amount of Each Disbursement this Period																					
	E-Mail Service	250.00																					
	Candidate Name	Category/Type																					
	Office Sought:	Disbursement For:																					
	<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																					
	<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																					
	<input type="checkbox"/> President																						
	State:	District:																					

B. Constant Contact	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.11932																					
	Mailing Address	Date of Disbursement																					
	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>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	3		2	0	0	9														
	City	State	Zip Code																				
	Waltham	MA	02451																				
	Purpose of Disbursement	Amount of Each Disbursement this Period																					
	E-Mail Service	9.68																					
	Candidate Name	Category/Type																					
	Office Sought:	Disbursement For:																					
	<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																					
	<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																					
	<input type="checkbox"/> President																						
	State:	District:																					

C. Constant Contact	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.12454																					
	Mailing Address	Date of Disbursement																					
	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>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	2		2	0	0	9														
	City	State	Zip Code																				
	Waltham	MA	02451																				
	Purpose of Disbursement	Amount of Each Disbursement this Period																					
	E-Mail Service	260.00																					
	Candidate Name	Category/Type																					
	Office Sought:	Disbursement For:																					
	<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																					
	<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																					
	<input type="checkbox"/> President																						
	State:	District:																					

SUBTOTAL of Disbursements This Page (optional)	▶	519.68
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.12475																					
	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>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	2	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	0	2	/	2	0	0	9														
City	Waltham	State	MA																				
Zip Code	02451	Amount of Each Disbursement this Period																					
Purpose of Disbursement	E-Mail Service	260.00																					
Candidate Name		Category/Type																					
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"/> General <input type="checkbox"/> Other (specify) ▼																					

B. Constant Contact	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.12504																					
	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>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	2	/	2	0	0	9														
City	Waltham	State	MA																				
Zip Code	02451	Amount of Each Disbursement this Period																					
Purpose of Disbursement	E-Mail Service	260.00																					
Candidate Name		Category/Type																					
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"/> General <input type="checkbox"/> Other (specify) ▼																					

C. Constant Contact	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.12538																					
	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>2</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	2	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	0	2	/	2	0	0	9														
City	Waltham	State	MA																				
Zip Code	02451	Amount of Each Disbursement this Period																					
Purpose of Disbursement	E-Mail Service	260.00																					
Candidate Name		Category/Type																					
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"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)	▶	780.00
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) Cooksey Printing	Transaction ID: SB21B.13675 Date of Disbursement 12 / 11 / 2009
	Mailing Address 1920 Wenneca	Amount of Each Disbursement this Period 635.32
	City Ft. Worth State TX Zip Code 76102	
	Purpose of Disbursement Printing	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Cornerstone American	Transaction ID: SB21B.11910 Date of Disbursement 07 / 02 / 2009
	Mailing Address 12600 Deerfield Pkwy. Ste 375	Amount of Each Disbursement this Period 58.36
	City Alphareta State GA Zip Code 30004	
	Purpose of Disbursement Processing Fee Credit Card	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Cornerstone American	Transaction ID: SB21B.11933 Date of Disbursement 08 / 04 / 2009
	Mailing Address 12600 Deerfield Pkwy. Ste 375	Amount of Each Disbursement this Period 332.54
	City Alphareta State GA Zip Code 30004	
	Purpose of Disbursement Credit Card Processing Fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	1026.22
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) Cornerstone American Mailing Address 12600 Deerfield Pkwy. Ste 375 City Alphareta State GA Zip Code 30004 Purpose of Disbursement Processing Fee Credit Card 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.12456 Date of Disbursement 09 / 02 / 2009 Amount of Each Disbursement this Period 33.83
B.	Full Name (Last, First, Middle Initial) Cornerstone American Mailing Address 12600 Deerfield Pkwy. Ste 375 City Alphareta State GA Zip Code 30004 Purpose of Disbursement Processing Fee Credit Card 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.12478 Date of Disbursement 10 / 02 / 2009 Amount of Each Disbursement this Period 30.32
C.	Full Name (Last, First, Middle Initial) Cornerstone American Mailing Address 12600 Deerfield Pkwy. Ste 375 City Alphareta State GA Zip Code 30004 Purpose of Disbursement Processing Fee Credit Card 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.12508 Date of Disbursement 11 / 03 / 2009 Amount of Each Disbursement this Period 80.56

SUBTOTAL of Disbursements This Page (optional) ▶

144.71

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) Cornerstone American	Transaction ID: SB21B.12539 Date of Disbursement
	Mailing Address 12600 Deerfield Pkwy. Ste 375	<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City Alpharetta State GA Zip Code 30004	Amount of Each Disbursement this Period
	Purpose of Disbursement Processing Fee Credit Card	<input type="text" value="188.39"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Corporate Payroll Service	Transaction ID: SB21B.11915 Date of Disbursement
	Mailing Address 1000 Miller Court West	<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Norcross State GA Zip Code 30071	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="1363.35"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Corporate Payroll Service	Transaction ID: SB21B.11918 Date of Disbursement
	Mailing Address 1000 Miller Court West	<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Norcross State GA Zip Code 30071	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing Fee	<input type="text" value="57.86"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1609.60"/>
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) Corporate Payroll Service Mailing Address 1000 Miller Court West City Norcross State GA Zip Code 30071 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.11937 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 9
	Amount of Each Disbursement this Period 1249.83 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Corporate Payroll Service Mailing Address 1000 Miller Court West City Norcross State GA Zip Code 30071 Purpose of Disbursement Payroll Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.11938 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 9
	Amount of Each Disbursement this Period 56.24 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Corporate Payroll Service Mailing Address 1000 Miller Court West City Norcross State GA Zip Code 30071 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.12458 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1363.35 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2669.42
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Corporate Payroll Service Mailing Address 1000 Miller Court West City Norcross State GA Zip Code 30071 Purpose of Disbursement Payroll Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.12459 Date of Disbursement 09 / 08 / 2009
	Amount of Each Disbursement this Period 56.24
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type	

B. Full Name (Last, First, Middle Initial) Corporate Payroll Service Mailing Address 1000 Miller Court West City Norcross State GA Zip Code 30071 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.12480 Date of Disbursement 10 / 13 / 2009
	Amount of Each Disbursement this Period 1363.35
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type	

C. Full Name (Last, First, Middle Initial) Corporate Payroll Service Mailing Address 1000 Miller Court West City Norcross State GA Zip Code 30071 Purpose of Disbursement Payroll Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.12481 Date of Disbursement 10 / 13 / 2009
	Amount of Each Disbursement this Period 5.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	1424.59
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Corporate Payroll Service	Transaction ID: SB21B.12505 Date of Disbursement
	Mailing Address 1000 Miller Court West	<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Norcross State GA Zip Code 30071	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="1548.85"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Corporate Payroll Service	Transaction ID: SB21B.12506 Date of Disbursement
	Mailing Address 1000 Miller Court West	<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Norcross State GA Zip Code 30071	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing Fee	<input type="text" value="66.86"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Corporate Payroll Service	Transaction ID: SB21B.12544 Date of Disbursement
	Mailing Address 1000 Miller Court West	<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Norcross State GA Zip Code 30071	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="1363.35"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2979.06"/>
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) Corporate Payroll Service</p> <p>Mailing Address 1000 Miller Court West</p> <p>City Norcross State GA Zip Code 30071</p> <p>Purpose of Disbursement Payroll 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.12545</p> <p>Date of Disbursement 12 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 56.24</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CP Communications</p> <p>Mailing Address 2521 N Ontario St</p> <p>City Brubank State CA Zip Code 91504-2513</p> <p>Purpose of Disbursement Website Maintenance</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.13639</p> <p>Date of Disbursement 07 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 450.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CP Communications</p> <p>Mailing Address 2521 N Ontario St</p> <p>City Brubank State CA Zip Code 91504-2513</p> <p>Purpose of Disbursement Website Maintenance</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.13658</p> <p>Date of Disbursement 10 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 450.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

956.24

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) CP Communications</p> <p>Mailing Address 2521 N Ontario St</p> <p>City Brubank State CA Zip Code 91504-2513</p> <p>Purpose of Disbursement Website Maintenance</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.13664</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="75.00"/></p>
<p>B. 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</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.11908</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="63.17"/></p>
<p>C. 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</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.11934</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="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="95.74"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="233.91"/>
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) Discover Network	Transaction ID: SB21B.12453 Date of Disbursement
	Mailing Address PO Box 3022	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City New Albany State OH Zip Code 43052	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing	<input type="text" value="58.25"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Discover Network	Transaction ID: SB21B.12476 Date of Disbursement
	Mailing Address PO Box 3022	<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City New Albany State OH Zip Code 43052	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing	<input type="text" value="58.25"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Discover Network	Transaction ID: SB21B.12507 Date of Disbursement
	Mailing Address PO Box 3022	<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City New Albany State OH Zip Code 43052	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing	<input type="text" value="119.37"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="235.87"/>
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. 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 Internet Business Svc</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11948 Date of Disbursement 08 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 15.95</p>
<p>B. 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 Internet Business Svc</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11950 Date of Disbursement 08 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 47.85</p>
<p>C. 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 Internet Business Svc</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11955 Date of Disbursement 08 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 31.90</p>

SUBTOTAL of Disbursements This Page (optional) ▶

95.70

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dotster Inc.	Transaction ID: SB21B.11958 Date of Disbursement 08 / 18 / 2009
	Mailing Address PO Box 821066	
	City Vancouver State WA Zip Code 98682	Amount of Each Disbursement this Period 47.85
	Purpose of Disbursement Internet Business Svcs	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Dotster Inc.	Transaction ID: SB21B.12527 Date of Disbursement 11 / 16 / 2009
	Mailing Address PO Box 821066	
	City Vancouver State WA Zip Code 98682	Amount of Each Disbursement this Period 15.95
	Purpose of Disbursement Internet Business Svc	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Dotster Inc.	Transaction ID: SB21B.12550 Date of Disbursement 12 / 18 / 2009
	Mailing Address PO Box 821066	
	City Vancouver State WA Zip Code 98682	Amount of Each Disbursement this Period 15.95
	Purpose of Disbursement Internet Business Svc	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)	79.75
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 Internet Business Svc</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.12551</p> <p>Date of Disbursement 12 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 15.95</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 Internet Serv.</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.11922</p> <p>Date of Disbursement 07 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 49.91</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 Internet 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.11953</p> <p>Date of Disbursement 08 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 49.94</p>

SUBTOTAL of Disbursements This Page (optional) ▶

115.80

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Embarq	Transaction ID: SB21B.12465
	Mailing Address PO Box 96064	Date of Disbursement 09 / 15 / 2009
	City Charlotte State NC Zip Code 28296	Amount of Each Disbursement this Period 51.04
	Purpose of Disbursement Internet Serv.	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Embarq	Transaction ID: SB21B.12485
	Mailing Address PO Box 96064	Date of Disbursement 10 / 15 / 2009
	City Charlotte State NC Zip Code 28296	Amount of Each Disbursement this Period 55.20
	Purpose of Disbursement Internet Serv.	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Facebook Inc.	Transaction ID: SB21B.11965
	Mailing Address 156 University Ave.	Date of Disbursement 08 / 28 / 2009
	City Palo Alto State CA Zip Code 94301-1605	Amount of Each Disbursement this Period 14.34
	Purpose of Disbursement Advertisement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	120.58
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) Facebook Inc.</p> <p>Mailing Address 156 University Ave.</p> <p>City Palo Alto State CA Zip Code 94301-1605</p> <p>Purpose of Disbursement Advertisement</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.12457</p> <p>Date of Disbursement 09 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 26.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Facebook Inc.</p> <p>Mailing Address 156 University Ave.</p> <p>City Palo Alto State CA Zip Code 94301-1605</p> <p>Purpose of Disbursement Advertisements</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.12469</p> <p>Date of Disbursement 09 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 146.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Facebook Inc.</p> <p>Mailing Address 156 University Ave.</p> <p>City Palo Alto State CA Zip Code 94301-1605</p> <p>Purpose of Disbursement Advertisement</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.12470</p> <p>Date of Disbursement 09 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 148.15</p>

SUBTOTAL of Disbursements This Page (optional) ▶

320.68

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) Facebook Inc.	Transaction ID: SB21B.12471 Date of Disbursement
	Mailing Address 156 University Ave.	<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City Palo Alto State CA Zip Code 94301-1605	Amount of Each Disbursement this Period
	Purpose of Disbursement Advertisement Candidate Name	<input type="text" value="72.04"/>
	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) Facebook Inc.	Transaction ID: SB21B.12487 Date of Disbursement
	Mailing Address 156 University Ave.	<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Palo Alto State CA Zip Code 94301-1605	Amount of Each Disbursement this Period
	Purpose of Disbursement Advertisement Candidate Name	<input type="text" value="100.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Facebook Inc.	Transaction ID: SB21B.12488 Date of Disbursement
	Mailing Address 156 University Ave.	<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Palo Alto State CA Zip Code 94301-1605	Amount of Each Disbursement this Period
	Purpose of Disbursement Advertisement Candidate Name	<input type="text" value="100.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="272.04"/>
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) Facebook Inc.	Transaction ID: SB21B.12489 Date of Disbursement 10 / 19 / 2009
	Mailing Address 156 University Ave.	Amount of Each Disbursement this Period 96.12
	City Palo Alto State CA Zip Code 94301-1605	
	Purpose of Disbursement Advertisement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Facebook Inc.	Transaction ID: SB21B.12496 Date of Disbursement 10 / 21 / 2009
	Mailing Address 156 University Ave.	Amount of Each Disbursement this Period 87.63
	City Palo Alto State CA Zip Code 94301-1605	
	Purpose of Disbursement Advertisement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Facebook Inc.	Transaction ID: SB21B.12516 Date of Disbursement 11 / 16 / 2009
	Mailing Address 156 University Ave.	Amount of Each Disbursement this Period 194.36
	City Palo Alto State CA Zip Code 94301-1605	
	Purpose of Disbursement Advertisement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	378.11
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) Facebook Inc. Mailing Address 156 University Ave. City Palo Alto State CA Zip Code 94301-1605 Purpose of Disbursement Advertisement 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.12517 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 9	Amount of Each Disbursement this Period 189.51
B.	Full Name (Last, First, Middle Initial) Hilton Hotels Corporate Mailing Address 9336 Civic Center Dr City Beverly Hills State CA Zip Code 90210 Purpose of Disbursement Travel Expense 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.11929 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 9	Amount of Each Disbursement this Period 232.11
C.	Full Name (Last, First, Middle Initial) Daryl Jurbala Mailing Address PO Box 30966 City Raleigh State NC Zip Code 27622 Purpose of Disbursement Consulting 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.13649 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 9	Amount of Each Disbursement this Period 569.00

SUBTOTAL of Disbursements This Page (optional) ▶

990.62

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

<p>A. Full Name (Last, First, Middle Initial) Daryl Jurbala</p> <p>Mailing Address PO Box 30966</p> <p>City Raleigh State NC Zip Code 27622</p> <p>Purpose of Disbursement Consulting 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.13670</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="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Mass Media Distribution</p> <p>Mailing Address 12693 Tamiami Trl. E. # 222</p> <p>City Naples State FL Zip Code 34113</p> <p>Purpose of Disbursement Press Release Service</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.11936</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="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="199.00"/></p>
<p>C. 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 Svc</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.11949</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="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="199.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="898.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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 93 / 120

<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) 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</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.12462 Date of Disbursement 09 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 199.00</p>
<p>B. Full Name (Last, First, Middle Initial) Mass Media Distribution</p> <p>Mailing Address 12693 Tamiami Trl. E. # 222</p> <p>City Naples State FL Zip Code 34113</p> <p>Purpose of Disbursement Press Release</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.12463 Date of Disbursement 09 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 199.00</p>
<p>C. 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</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.12464 Date of Disbursement 09 / 15 / 2009</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)

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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) Mass Media Distribution	Transaction ID: SB21B.12482 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 9
	Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:
Amount of Each Disbursement this Period 199.00	

B. Full Name (Last, First, Middle Initial) Mass Media Distribution	Transaction ID: SB21B.12495 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 9
	Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:
Amount of Each Disbursement this Period 199.00	

C. Full Name (Last, First, Middle Initial) Mass Media Distribution	Transaction ID: SB21B.11923 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 9
	Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:
Amount of Each Disbursement this Period 199.00	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mass Media Distribution	Transaction ID: SB21B.12536 Date of Disbursement
	Mailing Address 12693 Tamiami Trl. E. # 222	<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Naples State FL Zip Code 34113	Amount of Each Disbursement this Period
	Purpose of Disbursement Press Release	<input type="text" value="199.00"/>
	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) Mass Media Distribution	Transaction ID: SB21B.12513 Date of Disbursement
	Mailing Address 12693 Tamiami Trl. E. # 222	<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Naples State FL Zip Code 34113	Amount of Each Disbursement this Period
	Purpose of Disbursement Press Release	<input type="text" value="199.00"/>
	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) Mass Media Distribution	Transaction ID: SB21B.12515 Date of Disbursement
	Mailing Address 12693 Tamiami Trl. E. # 222	<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Naples State FL Zip Code 34113	Amount of Each Disbursement this Period
	Purpose of Disbursement Press Release Svc	<input type="text" value="199.00"/>
	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="597.00"/>
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)

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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) 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</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.12542</p> <p>Date of Disbursement 12 / 04 / 2009</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</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.12548</p> <p>Date of Disbursement 12 / 16 / 2009</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</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.12554</p> <p>Date of Disbursement 12 / 29 / 2009</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

<p>A. 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</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.12555</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="199.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) My Space Inc</p> <p>Mailing Address 407 North Maple Drive</p> <p>City Beverly Hills State CA Zip Code 90210</p> <p>Purpose of Disbursement Advertisement</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.12546</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="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="101.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Palmer Web Consulting</p> <p>Mailing Address PO Box 1992</p> <p>City Old Fort State NC Zip Code 28762</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13634</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="600.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="900.00"/>
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)

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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) Palmer Web Consulting</p> <p>Mailing Address PO Box 1992</p> <p>City Old Fort State NC Zip Code 28762</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13638</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="600.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Palmer Web Consulting</p> <p>Mailing Address PO Box 1992</p> <p>City Old Fort State NC Zip Code 28762</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13645</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="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="600.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Ms Jane Patterson</p> <p>Mailing Address PO Box 30966</p> <p>City Raleigh State NC Zip Code 27622-0966</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13635</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="554.10"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1754.10"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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) Ms Jane Patterson</p> <p>Mailing Address PO Box 30966</p> <p>City Raleigh State NC Zip Code 27622-0966</p> <p>Purpose of Disbursement Payroll <input type="checkbox"/> Category/Type</p> <p>Candidate Name</p> <p>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:</p>	<p>Transaction ID: SB21B.13637 Date of Disbursement: 07 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 554.10</p>
<p>B. Full Name (Last, First, Middle Initial) Ms Jane Patterson</p> <p>Mailing Address PO Box 30966</p> <p>City Raleigh State NC Zip Code 27622-0966</p> <p>Purpose of Disbursement Payroll <input type="checkbox"/> Category/Type</p> <p>Candidate Name</p> <p>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:</p>	<p>Transaction ID: SB21B.13653 Date of Disbursement: 09 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 554.10</p>
<p>C. Full Name (Last, First, Middle Initial) Ms Jane Patterson</p> <p>Mailing Address PO Box 30966</p> <p>City Raleigh State NC Zip Code 27622-0966</p> <p>Purpose of Disbursement Payroll <input type="checkbox"/> Category/Type</p> <p>Candidate Name</p> <p>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:</p>	<p>Transaction ID: SB21B.13657 Date of Disbursement: 10 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 554.10</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1662.30

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 100 / 120

<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 <hr/> Mailing Address PO Box 30966 <hr/> City Raleigh State NC Zip Code 27622-0966 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13662 Date of Disbursement <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>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	3	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y											
	1	1	/	0	3	/	2	0	0	9											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>554.10</td> </tr> </table>	554.10																			
554.10																					
Category/Type <table border="1"> <tr> <td></td> </tr> </table>																					
B. Full Name (Last, First, Middle Initial) Ms Jane Patterson <hr/> Mailing Address PO Box 30966 <hr/> City Raleigh State NC Zip Code 27622-0966 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13668 Date of Disbursement <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>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	8	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y											
	1	2	/	0	8	/	2	0	0	9											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>554.10</td> </tr> </table>	554.10																			
554.10																					
Category/Type <table border="1"> <tr> <td></td> </tr> </table>																					
C. Full Name (Last, First, Middle Initial) Ms Jane Patterson <hr/> Mailing Address PO Box 30966 <hr/> City Raleigh State NC Zip Code 27622-0966 <hr/> Purpose of Disbursement Reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13674 Date of Disbursement <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>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	1	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y											
	1	2	/	1	1	/	2	0	0	9											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>459.40</td> </tr> </table>	459.40																			
459.40																					
Category/Type <table border="1"> <tr> <td></td> </tr> </table>																					

SUBTOTAL of Disbursements This Page (optional) ▶

1567.60

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 101 / 120

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

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

A.	Full Name (Last, First, Middle Initial) US Postal Service	Transaction ID: SB21B.13674.0 Date of Disbursement
	Mailing Address 4325 Glenwood Ave.	<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City Raleigh State NC Zip Code 27612	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="176.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: SB21B.13674.1 Date of Disbursement
	Mailing Address 401 Carroll	<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City Ft. Worth State TX Zip Code 76107	Amount of Each Disbursement this Period
	Purpose of Disbursement Office supplies, Ink and Stamps	<input type="text" value="283.40"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) PayPal	Transaction ID: SB21B.11850 Date of Disbursement
	Mailing Address 2145 Hamilton Avenue	<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City San Jose State CA Zip Code 95125	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fee	<input type="text" value="194.09"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="194.09"/>
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) PayPal	Transaction ID: SB21B.11967 Date of Disbursement 08 / 01 / 2009
	Mailing Address 2145 Hamilton Avenue	Amount of Each Disbursement this Period 12.22
	City San Jose State CA Zip Code 95125	
	Purpose of Disbursement Credit Card Fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PayPal	Transaction ID: SB21B.12451 Date of Disbursement 09 / 01 / 2009
	Mailing Address 2145 Hamilton Avenue	Amount of Each Disbursement this Period 7.78
	City San Jose State CA Zip Code 95125	
	Purpose of Disbursement Credit Card Fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PayPal	Transaction ID: SB21B.12474 Date of Disbursement 10 / 01 / 2009
	Mailing Address 2145 Hamilton Avenue	Amount of Each Disbursement this Period 69.89
	City San Jose State CA Zip Code 95125	
	Purpose of Disbursement Credit Card Fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	89.89
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)

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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) PayPal</p> <p>Mailing Address 2145 Hamilton Avenue</p> <p>City San Jose State CA Zip Code 95125</p> <p>Purpose of Disbursement Directory</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.12483 Date of Disbursement 10 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 550.00</p>
<p>B. Full Name (Last, First, Middle Initial) William Cross</p> <p>Mailing Address</p> <p>City State TN Zip Code</p> <p>Purpose of Disbursement Website Development</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.12483.0 Date of Disbursement 10 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 550.00</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) PayPal</p> <p>Mailing Address 2145 Hamilton Avenue</p> <p>City San Jose State CA Zip Code 95125</p> <p>Purpose of Disbursement Credit Card 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.14050 Date of Disbursement 11 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 108.26</p>

SUBTOTAL of Disbursements This Page (optional) ▶

658.26

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

A. Form/Schedule : **SB21B**

Contacted via e-mail for mailing address.

Transaction ID : **SB21B.12483**

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) PayPal</p> <p>Mailing Address 2145 Hamilton Avenue</p> <p>City San Jose State CA Zip Code 95125</p> <p>Purpose of Disbursement Directory</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.12534 Date of Disbursement 11 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p>B. Full Name (Last, First, Middle Initial) William Cross</p> <p>Mailing Address</p> <p>City State TN Zip Code</p> <p>Purpose of Disbursement Website Development</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.12534.0 Date of Disbursement 11 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) PayPal</p> <p>Mailing Address 2145 Hamilton Avenue</p> <p>City San Jose State CA Zip Code 95125</p> <p>Purpose of Disbursement Credit Card 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.12557 Date of Disbursement 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 15.66</p>

SUBTOTAL of Disbursements This Page (optional) ▶

265.66

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

A. Form/Schedule : **SB21B**

Contacted via e-mail for mailing address

Transaction ID : **SB21B.12534**

**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 107 / 120

<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.13640 Date of Disbursement
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<input type="text" value="07"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Server	<input type="text" value="520.00"/>
	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.13642 Date of Disbursement
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<input type="text" value="07"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Server	<input type="text" value="520.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rackspace Managed Hosting	Transaction ID: SB21B.13643 Date of Disbursement
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<input type="text" value="07"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Server	<input type="text" value="25.00"/>
	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="1065.00"/>
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)

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

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

A.	Full Name (Last, First, Middle Initial) Rackspace Managed Hosting	Transaction ID: SB21B.13648 Date of Disbursement																			
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<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>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	3		2	0	0	9												
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Internet Server	<table border="1"><tr><td>520.00</td></tr></table>	520.00																		
520.00																					
	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.13655 Date of Disbursement																			
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<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>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	0	9												
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Internet Server	<table border="1"><tr><td>520.00</td></tr></table>	520.00																		
520.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Rackspace Managed Hosting	Transaction ID: SB21B.13659 Date of Disbursement																			
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<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>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	2		2	0	0	9												
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Internet Server	<table border="1"><tr><td>560.00</td></tr></table>	560.00																		
560.00																					
	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>1600.00</td></tr></table>	1600.00
1600.00		
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) Rackspace Managed Hosting	Transaction ID: SB21B.13663 Date of Disbursement
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Server	<input type="text" value="560.00"/>
	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.13669 Date of Disbursement
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Server	<input type="text" value="560.00"/>
	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) Sage Payments Solutions	Transaction ID: SB21B.11927 Date of Disbursement
	Mailing Address 1750 Old Meadow Rd. #300	<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City Mclean State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees	<input type="text" value="318.48"/>
	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="1438.48"/>
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) Sage Payments Solutions	Transaction ID: SB21B.11968 Date of Disbursement
	Mailing Address 1750 Old Meadow Rd. #300	<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Mclean State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees	<input type="text" value="2.54"/>
	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) Sage Payments Solutions	Transaction ID: SB21B.12473 Date of Disbursement
	Mailing Address 1750 Old Meadow Rd. #300	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Mclean State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees	<input type="text" value="9.12"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sage Payments Solutions	Transaction ID: SB21B.14047 Date of Disbursement
	Mailing Address 1750 Old Meadow Rd. #300	<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Mclean State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees	<input type="text" value="58.70"/>
	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="70.36"/>
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.</p> <p>Full Name (Last, First, Middle Initial) Sage Payments Solutions</p> <p>Mailing Address 1750 Old Meadow Rd. #300</p> <p>City Mclean State VA Zip Code 22102</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.14048</p> <p>Date of Disbursement 11 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 218.46</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sage Payments Solutions</p> <p>Mailing Address 1750 Old Meadow Rd. #300</p> <p>City Mclean State VA Zip Code 22102</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.12558</p> <p>Date of Disbursement 12 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 54.12</p>
<p>C.</p> <p>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 Computer Equipment and Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11931</p> <p>Date of Disbursement 08 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 109.90</p>

SUBTOTAL of Disbursements This Page (optional) ▶

382.48

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	Transaction ID: SB21B.11920 Date of Disbursement 07 / 14 / 2009
	Mailing Address 2505 Atlantic Ave. Ste. 101	Amount of Each Disbursement this Period 137.77
	City Raleigh State NC Zip Code 27604	
	Purpose of Disbursement Broadband Cable	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) Time Warner Cable	Transaction ID: SB21B.11952 Date of Disbursement 08 / 17 / 2009
	Mailing Address 2505 Atlantic Ave. Ste. 101	Amount of Each Disbursement this Period 138.84
	City Raleigh State NC Zip Code 27604	
	Purpose of Disbursement Broadband Cable	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) Time Warner Cable	Transaction ID: SB21B.12468 Date of Disbursement 09 / 17 / 2009
	Mailing Address 2505 Atlantic Ave. Ste. 101	Amount of Each Disbursement this Period 152.72
	City Raleigh State NC Zip Code 27604	
	Purpose of Disbursement Broadband Cable	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)	▶	429.33
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) Time Warner Cable	Transaction ID: SB21B.12484 Date of Disbursement																			
	Mailing Address 2505 Atlantic Ave. Ste. 101	<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>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	5	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	1	5	/	2	0	0	9												
	City Raleigh State NC Zip Code 27604	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Broadband Cable	<table border="1"><tr><td>188.32</td></tr></table>	188.32																		
188.32																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Time Warner Cable	Transaction ID: SB21B.12519 Date of Disbursement																			
	Mailing Address 2505 Atlantic Ave. Ste. 101	<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>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	6	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	6	/	2	0	0	9												
	City Raleigh State NC Zip Code 27604	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Broadband Cable	<table border="1"><tr><td>174.31</td></tr></table>	174.31																		
174.31																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Time Warner Cable	Transaction ID: SB21B.12559 Date of Disbursement																			
	Mailing Address 2505 Atlantic Ave. Ste. 101	<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>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	7	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	1	7	/	2	0	0	9												
	City Raleigh State NC Zip Code 27604	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Broadband Cable	<table border="1"><tr><td>176.46</td></tr></table>	176.46																		
176.46																					
	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>539.09</td></tr></table>	539.09
539.09		
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

A.	Full Name (Last, First, Middle Initial) US Postal Service	Transaction ID: SB21B.11963 Date of Disbursement
	Mailing Address 4325 Glenwood Ave.	<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Raleigh State NC Zip Code 27612	Amount of Each Disbursement this Period
	Purpose of Disbursement PO Box Fee & Postage	<input type="text" value="176.00"/>
	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) Verizon Wireless	Transaction ID: SB21B.12466 Date of Disbursement
	Mailing Address 1 Verizon Way (800)214-3555	<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Basking Ridge State NJ Zip Code 07920-1025	Amount of Each Disbursement this Period
	Purpose of Disbursement Services and Merchandise	<input type="text" value="192.73"/>
	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) Verizon Wireless	Transaction ID: SB21B.12486 Date of Disbursement
	Mailing Address 1 Verizon Way (800)214-3555	<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Basking Ridge State NJ Zip Code 07920-1025	Amount of Each Disbursement this Period
	Purpose of Disbursement Services and Merchandise	<input type="text" value="184.02"/>
	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="552.75"/>
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) Verizon Wireless	Transaction ID: SB21B.12514 Date of Disbursement																			
	Mailing Address 1 Verizon Way (800)214-3555	<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>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	6		2	0	0	9												
	City Basking Ridge State NJ Zip Code 07920-1025	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Cell Phone Service	<table border="1"><tr><td>203.60</td></tr></table>	203.60																		
203.60																					
	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) Verizon Wireless	Transaction ID: SB21B.12549 Date of Disbursement																			
	Mailing Address 1 Verizon Way (800)214-3555	<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>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	6		2	0	0	9												
	City Basking Ridge State NJ Zip Code 07920-1025	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Services and Merchandise	<table border="1"><tr><td>169.49</td></tr></table>	169.49																		
169.49																					
	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) Vonage	Transaction ID: SB21B.11914 Date of Disbursement																			
	Mailing Address 23 Main St	<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>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	8		2	0	0	9												
	City Holmdel State NJ Zip Code 07733	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Telephone Service	<table border="1"><tr><td>38.98</td></tr></table>	38.98																		
38.98																					
	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>412.07</td></tr></table>	412.07
412.07		
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

<p>A. Full Name (Last, First, Middle Initial) Vonage</p> <p>Mailing Address 23 Main St</p> <p>City Holmdel State NJ Zip Code 07733</p> <p>Purpose of Disbursement Telephone Service</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.11943</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="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="46.13"/></p>
<p>B. Full Name (Last, First, Middle Initial) Vonage</p> <p>Mailing Address 23 Main St</p> <p>City Holmdel State NJ Zip Code 07733</p> <p>Purpose of Disbursement Telephone Service</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.12461</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="44.40"/></p>
<p>C. Full Name (Last, First, Middle Initial) Vonage</p> <p>Mailing Address 23 Main St</p> <p>City Holmdel State NJ Zip Code 07733</p> <p>Purpose of Disbursement Telephone Service</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.12479</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="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="42.28"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: SB21B.12512
	Mailing Address 23 Main St	Date of Disbursement 11 / 09 / 2009
	City Holmdel State NJ Zip Code 07733	Amount of Each Disbursement this Period 53.01
	Purpose of Disbursement Telephone Service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: SB21B.12543
	Mailing Address 23 Main St	Date of Disbursement 12 / 07 / 2009
	City Holmdel State NJ Zip Code 07733	Amount of Each Disbursement this Period 53.47
	Purpose of Disbursement Telephone Service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) William Gheen	Transaction ID: SB21B.13636
	Mailing Address PO Box 30966	Date of Disbursement 07 / 08 / 2009
	City Raleigh State NC Zip Code 27622	Amount of Each Disbursement this Period 3271.47
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3377.95
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) William Gheen	Transaction ID: SB21B.13650 Date of Disbursement 08 / 01 / 2009
	Mailing Address PO Box 30966	
	City Raleigh State NC Zip Code 27622	Amount of Each Disbursement this Period 400.00
	Purpose of Disbursement Reimbursement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) William Gheen	Transaction ID: SB21B.13644 Date of Disbursement 08 / 08 / 2009
	Mailing Address PO Box 30966	
	City Raleigh State NC Zip Code 27622	Amount of Each Disbursement this Period 3271.47
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) William Gheen	Transaction ID: SB21B.13652 Date of Disbursement 09 / 08 / 2009
	Mailing Address PO Box 30966	
	City Raleigh State NC Zip Code 27622	Amount of Each Disbursement this Period 3271.47
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	6942.94
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 119 / 120

<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.13656 Date of Disbursement 10 / 09 / 2009
	Mailing Address PO Box 30966	Amount of Each Disbursement this Period 3271.47
	City Raleigh State NC Zip Code 27622	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) William Gheen	Transaction ID: SB21B.13660 Date of Disbursement 11 / 03 / 2009
	Mailing Address PO Box 30966	Amount of Each Disbursement this Period 3271.47
	City Raleigh State NC Zip Code 27622	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) William Gheen	Transaction ID: SB21B.13665 Date of Disbursement 11 / 03 / 2009
	Mailing Address PO Box 30966	Amount of Each Disbursement this Period 891.00
	City Raleigh State NC Zip Code 27622	
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7433.94
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)
William Gheen

Mailing Address PO Box 30966

City Raleigh State NC Zip Code 27622

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.13667

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3271.47

SUBTOTAL of Disbursements This Page (optional)

3271.47

TOTAL This Period (last page this line number only)

54911.86