FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2005 JUL 19 A 11:10

Office Use Only

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

AMERICANS FOR LEGAL IMMIGRATION PAC

ADDRESS (number and street) ▼ P.O. BOX 30966

Check if different than previous reported. (ACC)

RALEIGH — CITY ▲ — NC — STATE ▲ — 27622-0966 — ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00405878

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

[ ] Feb 20 (M2)	[ ] May 20 (M5)	[ ] Aug 20 (M8)	[ ] Nov 20 (M11) (Non-Election Year Only)
[ ] Mar 20 (M3)	[ ] Jun 20 (M6)	[ ] Sep 20 (M9)	[ ] Dec 20 (M12) (Non-Election Year Only)
[ ] Apr 20 (M4)	[ ] Jul 20 (M7)	[ ] Oct 20 (M10)	[ ] Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: [ ] Primary (12P) [ ] General (12G) [ ] Runoff (12R) [ ] Convention (12C) [ ] Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: [ ] General (30G) [ ] Runoff (30R) [ ] Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 01 01 2005 through 06 30 2005

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

Type or Print Name of Treasurer FRANKY S. LEE

Signature of Treasurer Franky S. Lee Date 07 11 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							

FEC FORM 3X
Rev. 12/2004

FE5AN015

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICANS FOR LEGAL IMMIGRATION PAC

Report Covering the Period: From: 01 01 2005 To: 06 30 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2005		557.60
(b) Cash on Hand at Beginning of Reporting Period	557.60	
(c) Total Receipts (from Line 19)	7,356.19	7,356.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7,913.79	7,913.79
7. Total Disbursements (from Line 31)	5716.12	5,716.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2197.67	2,197.67
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	40000	

☐ 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

FE6AN015

2030845542

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICANS FOR LEGAL IMMIGRATION PAC

Report Covering the Period: From: 01 01 2005 To: 06 30 2005

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)	2,150.00	2,150.00
(ii) Unitemized	4,406.19	4,406.19
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	6,556.19	6,556.19
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	6556.19	6556.19
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	800.00	800.00
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	0.00
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 Transfers (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)) ▶	7,356.19	7,356.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	7,356.19	7,356.19

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	5316.12	5316.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	5316.12	5316.12
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	400.00	400.00
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		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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))	5,716.12	5,716.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	5,716.12	5,716.12

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	6,556.19	6,556.19
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6,556.19	6,556.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	5,316.12	5,316.12
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	5,316.12	5,316.12

2503534545

PESAN016

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 1 OF 2

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

NAME OF COMMITTEE (In Full)
AMERICANS FOR LEGAL IMMIGRATION PAC

A.
Full Name (Last, First, Middle Initial): MICHAEL WARE
Mailing Address: 6899 CHERRY GROVE AVE.
City: LAS VEGAS, NV State: Zip Code: 89156
FEC ID number of contributing federal political committee: C
Name of Employer: ULTRYX ARCHITECTURE
Occupation: MANAGER
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 04 11 2005
Amount of Each Receipt this Period: 200.00

B.
Full Name (Last, First, Middle Initial): KATHRYN K. BELL
Mailing Address: 1201 HILLBURN CT.
City: IRVING State: TX Zip Code: 75060
FEC ID number of contributing federal political committee: C
Name of Employer: CITY OF FORT WORTH
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1,500.00
Date of Receipt: 04 25 2005
Amount of Each Receipt this Period: 1,500.00

C.
Full Name (Last, First, Middle Initial): MICHAEL MILLER
Mailing Address: 4402 BOXWOOD RD.
City: BETHESDA State: MD Zip Code: 20816-1818
FEC ID number of contributing federal political committee: C
Name of Employer: SELF
Occupation: INVESTOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 05 12 2005
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,900.00

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

25038445

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)
[X] 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): BILL HONEYCUTT
Mailing Address: 207 N. MAGNOLIA AVE. #C
City: ANAHEIM, CA State: Zip Code: 92801
FEC ID number of contributing federal political committee: C
Name of Employer: OC PROBATION DEPT
Occupation: PROBATION OFFICER
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 06 11 2005
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼
Date of Receipt:
Amount of Each Receipt this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼
Date of Receipt:
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 250.00
TOTAL This Period (last page this line number only) ▶ 2,150.00

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR LEGAL IMMIGRATION PAC

A.
Full Name (Last, First, Middle Initial): BELL SOUTH
Mailing Address: P.O. BOX 70529
City: CHARLOTTE State: NC Zip Code: 28272-0529
Purpose of Disbursement: PHONE BILL PAYMENT
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 10 2005
Amount of Each Disbursement this Period: 129.84

B.
Full Name (Last, First, Middle Initial): BELL SOUTH
Mailing Address: P.O. BOX 70529
City: CHARLOTTE State: NC Zip Code: 28272-0529
Purpose of Disbursement: PHONE BILL PAYMENT
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 22 2005
Amount of Each Disbursement this Period: 104.92

C.
Full Name (Last, First, Middle Initial): BELL SOUTH
Mailing Address: P.O. BOX 70529
City: CHARLOTTE State: NC Zip Code: 28272-0529
Purpose of Disbursement: PHONE BILL PAYMENT
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 29 2005
Amount of Each Disbursement this Period: 229.03

SUBTOTAL of Disbursements This Page (optional) ▶ 463.79

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR LEGAL IMMIGRATION PAC

A.
Full Name (Last, First, Middle Initial): BELL SOUTH
Mailing Address: P.O. BOX 70529
City: CHARLOHE State: NC Zip Code: 28272-0529
Purpose of Disbursement: PHONE BILL PAYMENT
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 05 19 2005
Amount of Each Disbursement this Period: 266.34

B.
Full Name (Last, First, Middle Initial): BELL SOUTH
Mailing Address: P.O. BOX 70529
City: CHARLOTTE State: NC Zip Code: 28272-0529
Purpose of Disbursement: PHONE BILL PAYMENT
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 05 16 2005
Amount of Each Disbursement this Period: 46.46

C.
Full Name (Last, First, Middle Initial): BELL SOUTH
Mailing Address: P.O. BOX 70529
City: CHARLOHE State: NC Zip Code: 28272-0529
Purpose of Disbursement: PHONE BILL PAYMENT
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 06 16 2005
Amount of Each Disbursement this Period: 44.77

SUBTOTAL of Disbursements This Page (optional) ▶ 357.57

TOTAL This Period (last page this line number only) ▶ 821.36

25038445445

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)
☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR LEGAL IMMIGRATION PAC

A.
Full Name (Last, First, Middle Initial): MERCH. FEES CORNERSTONE
Mailing Address: 12600 DEERFIELD PARKWAY, SUITE 375
City: ALPHARETTA, State: GA, Zip Code: 30004
Purpose of Disbursement: MERCH PROC. FEE
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 04 2005
Amount of Each Disbursement this Period: 110.86

B.
Full Name (Last, First, Middle Initial): MERCH. FEES CORNERSTONE
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement: MERCH. PROC. FEE
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 03 2005
Amount of Each Disbursement this Period: 38.14

C.
Full Name (Last, First, Middle Initial): MERCH. FEES CORNERSTONE
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement: MERCH. PROC. FEE
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 02 2005
Amount of Each Disbursement this Period: 35.56

SUBTOTAL of Disbursements This Page (optional) ▶ 184.56

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

25038445B

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR LEGAL IMMIGRATION PAC

A.
Full Name (Last, First, Middle Initial): MERCHANT FEES CORNERSTONE
Mailing Address
City State Zip Code
Purpose of Disbursement: MERCH. PROC. FEE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 04 2005
Amount of Each Disbursement this Period: 34.61

B.
Full Name (Last, First, Middle Initial): MERCHANT FEES CORNERSTONE
Mailing Address
City State Zip Code
Purpose of Disbursement: MERCH. PROC. FEE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 02 2005
Amount of Each Disbursement this Period: 35.31

C.
Full Name (Last, First, Middle Initial): MERCHANT FEES CORNERSTONE
Mailing Address
City State Zip Code
Purpose of Disbursement: MERCH. PROC. FEE
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 02 2005
Amount of Each Disbursement this Period: 34.80

SUBTOTAL of Disbursements This Page (optional) ▶ 104.72
TOTAL This Period (last page this line number only) ▶ 289.28

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)
☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR LEGAL IMMIGRATION PAC

A.
Full Name (Last, First, Middle Initial): DISCOVER SETTLEMENT NETWORK
Mailing Address: P.O. BOX 3022
City: NEW ALBANY State: OH Zip Code: 43054-3022
Purpose of Disbursement: PROC. FEE
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 02 02 2005
Amount of Each Disbursement this Period: 44.95

B.
Full Name (Last, First, Middle Initial): DISCOVER SETTLEMENT NETWORK
Mailing Address: P.O. BOX 3022
City: NEW ALBANY State: OH Zip Code: 43054-3022
Purpose of Disbursement: PROC. FEE
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 03 02 2005
Amount of Each Disbursement this Period: 44.95

C.
Full Name (Last, First, Middle Initial): DISCOVER SETTLEMENT NETWORK
Mailing Address: P.O. BOX 3022
City: NEW ALBANY OH State: Zip Code: 43054-3022
Purpose of Disbursement: PROC. FEE
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 04 04 2005
Amount of Each Disbursement this Period: 44.95

SUBTOTAL of Disbursements This Page (optional) ▶ 134.85

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

25038445452

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR LEGAL IMMIGRATION PAC

A.
Full Name (Last, First, Middle Initial): DISCOVER SETTLEMENT NETWORK
Date of Disbursement: 05 03 2005
Mailing Address: P.O. BOX 3022
City: NEW ALBANY State: OH Zip Code: 43054-3022
Purpose of Disbursement: Process. Fee
Candidate Name:
Category/Type:
Amount of Each Disbursement this Period: 44.95
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

B.
Full Name (Last, First, Middle Initial): DISCOVER SETTLEMENT NETWORK
Date of Disbursement: 06 02 2005
Mailing Address: P.O. BOX 3022
City: NEW ALBANY, OH State: Zip Code: 43054-3022
Purpose of Disbursement:
Candidate Name:
Category/Type:
Amount of Each Disbursement this Period: 44.95
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

C.
Full Name (Last, First, Middle Initial):
Date of Disbursement: M M / D D / Y Y Y Y
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Amount of Each Disbursement this Period
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 89.90
TOTAL This Period (last page this line number only) ▶ 294.25

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR LEGAL IMMIGRATION PAC

A.
Full Name (Last, First, Middle Initial): FLAMINGO HILTON
Mailing Address: 3575 LAS VEGAS BLVD.
City: LAS VEGAS, State: NV Zip Code: 89109-4313
Purpose of Disbursement: LODGING AT CONFERENCE
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 05 10 2005
Amount of Each Disbursement this Period: 114.45

B.
Full Name (Last, First, Middle Initial): FLAMINGO HILTON
Mailing Address: 3575 LAS VEGAS BLVD
City: LAS VEGAS, State: NV Zip Code: 89109-4313
Purpose of Disbursement: LODGING AT CONFERENCE
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 06 01 2005
Amount of Each Disbursement this Period: 740.85

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 855.30

TOTAL This Period (last page this line number only) ▶ 855.30

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)
☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR LEGAL IMMIGRATION PAC

A.
Full Name (Last, First, Middle Initial): AMERICAN WEST AIRLINES
Date of Disbursement: 05 10 2005
Mailing Address: 747 BELDEN AVE.
City: NORWALK State: CT Zip Code: 06850
Purpose of Disbursement: AIRPLANE TICKET TO CONFERENCE IN LAS VEGAS
Candidate Name:
Category/Type:
Amount of Each Disbursement this Period: 558.39
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

B.
Full Name (Last, First, Middle Initial):
Date of Disbursement: M M / D D / Y Y Y Y
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Amount of Each Disbursement this Period:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

C.
Full Name (Last, First, Middle Initial):
Date of Disbursement: M M / D D / Y Y Y Y
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Amount of Each Disbursement this Period:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 558.39
TOTAL This Period (last page this line number only) ▶ 558.39

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR LEGAL IMMIGRATION PAC

A.
Full Name (Last, First, Middle Initial): FRANKY S. LEE
Date of Disbursement: 05 11 2005
Mailing Address: P.O. BOX 156
City: HAMILTON State: NC Zip Code: 27840
Purpose of Disbursement: PAYROLL
Candidate Name:
Category/Type:
Amount of Each Disbursement this Period: 250.00
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

B.
Full Name (Last, First, Middle Initial):
Date of Disbursement: M M / D D / Y Y Y Y
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Amount of Each Disbursement this Period:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

C.
Full Name (Last, First, Middle Initial):
Date of Disbursement: M M / D D / Y Y Y Y
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Amount of Each Disbursement this Period:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 250.00

TOTAL This Period (last page this line number only) ▶ 250.00

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)
☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR LEGAL IMMIGRATION PAC

A.
Full Name (Last, First, Middle Initial): JAMES NEFF (WEB DESIGN)
Mailing Address: P.O. BOX 1836
City: CONWAY, State: ARKANSAS Zip Code: 72032
Purpose of Disbursement: WEB AD
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 01 12 2005
Amount of Each Disbursement this Period: 250.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

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

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)
☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR LEGAL IMMIGRATION PAC

A.
Full Name (Last, First, Middle Initial): LONG PRINTING
Mailing Address: 4910 DEPARTURE DR. #100
City: RALEIGH State: NC Zip Code: 27616
Purpose of Disbursement: LETTERHEAD, ENVELOPES, REPLY CARDS
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 21 2005
Amount of Each Disbursement this Period: 111.30

B.
Full Name (Last, First, Middle Initial): LONG PRINTING
Mailing Address: 4910 DEPARTURE DR. #100
City: RALEIGH State: NC Zip Code: 27616
Purpose of Disbursement: LETTERHEAD, ENVELOPES, REPLY CARDS
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 07 2005
Amount of Each Disbursement this Period: 375.61

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement:
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 486.91
TOTAL This Period (last page this line number only) ▶ 486.91

25038445558

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)
☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR LEGAL IMMIGRATION PAC

A.
Full Name (Last, First, Middle Initial): JOY-MARIA LEE
Date of Disbursement: 04 28 2005
Mailing Address: P.O. BOX 156
City: HAMILTON State: NC Zip Code: 27840
Purpose of Disbursement: REIMBURSE, FOR FLIERS, GAS, CAR SERVICE, MEAL WHILE DISTRIBUTING ALIPAC LIT IN PITT CO.
Candidate Name:
Category/Type:
Amount of Each Disbursement this Period: 69.69
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

B.
Full Name (Last, First, Middle Initial): JOY-MARIA LEE
Date of Disbursement: 05 09 2005
Mailing Address: P.O. BOX 156
City: HAMILTON State: NC Zip Code: 27840
Purpose of Disbursement: REIMBURSE, FOR EXPENSES, GAS, MEAL/OF TRIP TO ALIPAC TOWN HALL MEETING IN WINSTON SALEM
Candidate Name:
Category/Type:
Amount of Each Disbursement this Period: 81.04
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

C.
Full Name (Last, First, Middle Initial): JOY-MARIA LEE
Date of Disbursement: 06 06 2005
Mailing Address: P.O. BOX 156
City: HAMILTON State: NC Zip Code: 27840
Purpose of Disbursement: REIMB FOR 60 POSTAGE STAMPS FOR THANK YOUS + REMINDERS
Candidate Name:
Category/Type:
Amount of Each Disbursement this Period: 22.20
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 172.93

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

2503845459

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
1

A.
Full Name (Last, First, Middle Initial): JOY-MARIA LEE
Date of Disbursement: 05 13 2005
Mailing Address: P.O. BOX 156
City: HAMILTON State: NC Zip Code: 27840
Purpose of Disbursement: REIMBURSE. MEAL AT ALIPAC TOWN HALL MEETING HELD AT HOG HEAVEN IN WASHINGTON, NC
Candidate Name:
Category/Type:
Amount of Each Disbursement this Period: 23.27
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

B.
Full Name (Last, First, Middle Initial): JOY-MARIA LEE
Date of Disbursement: 06 02 2005
Mailing Address: P.O. BOX 156
City: HAMILTON State: NC Zip Code: 27840
Purpose of Disbursement: REIMBURSE. FOR REPLY CARDS, INK JET PAPER & GAS
Candidate Name:
Category/Type:
Amount of Each Disbursement this Period: 65.89
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

C.
Full Name (Last, First, Middle Initial): JOY-MARIA LEE
Date of Disbursement: 06 06 2005
Mailing Address: P.O. BOX 156
City: HAMILTON State: NC Zip Code: 27840
Purpose of Disbursement: REIMBURSE. FOR 100 POSTAGE STAMPS FOR THANK YOUS & REMINDERS
Candidate Name:
Category/Type:
Amount of Each Disbursement this Period: 37.00
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 126.16

TOTAL This Period (last page this line number only) ▶ 299.09

25038445 50

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR LEGAL IMMIGRATION PAC

A.
Full Name (Last, First, Middle Initial): JOY-MARIA LEE
Date of Disbursement: 05 · 11 · 2005
Mailing Address: P.O. BOX 156
City: HAMILTON State: NC Zip Code: 27840
Purpose of Disbursement: PAYROLL
Candidate Name:
Category/Type:
Amount of Each Disbursement this Period: 250.00
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

B.
Full Name (Last, First, Middle Initial):
Date of Disbursement: M M / D D / Y Y Y Y
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Amount of Each Disbursement this Period:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

C.
Full Name (Last, First, Middle Initial):
Date of Disbursement: M M / D D / Y Y Y Y
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Amount of Each Disbursement this Period:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

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

25038445 61

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☒ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICANS FOR LEGAL IMMIGRATION PAC

A.
Full Name (Last, First, Middle Initial): BILL GHEEN
Date of Disbursement: 05 18 2005
Mailing Address: P.O. Box 30966
City: RALEIGH State: NC Zip Code: 27622
Purpose of Disbursement: Loan Repayment of $400 on original $800 loan
Candidate Name:
Category/Type:
Amount of Each Disbursement this Period: 400.00
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

B.
Full Name (Last, First, Middle Initial):
Date of Disbursement: M M / D D / Y Y Y Y
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Amount of Each Disbursement this Period:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

C.
Full Name (Last, First, Middle Initial):
Date of Disbursement: M M / D D / Y Y Y Y
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Amount of Each Disbursement this Period:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶ 400.00

TOTAL This Period (last page this line number only) ▶ 400.00

SCHEDULE C (FEC Form 3X)
LOANS

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

PAGE 1 OF 1

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
AMERICANS FOR LEGAL IMMIGRATION PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)
BILL GHEEN

Mailing Address
P.O. Box 30966

City RALEIGH State NC ZIP Code 27622

Election:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
800.00	400.00	400.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	[ ] Yes [ ] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	400.00
TOTALS This Period (last page in this line only) ▶	400.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

25038845553

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
☑ USPS Registered/Certified	Postmarked (R/C) 7/11/05
☐ USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label ☐	
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery ☐	
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	7/19/05 DATE PREPARED

(3/2005)

26044245