

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO Box 30966
 Check if different than previously reported. (ACC)
Raleigh NC 27622

2. **FEC IDENTIFICATION NUMBER** C00405878
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Ms Jane Patterson
Signature of Treasurer Electronically Filed by Ms Jane Patterson Date 01 29 2010

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)

A. Form/Schedule : **F3XN**

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Americans for Legal Immigration PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		-434.74
Y	Y	Y	Y							
2	0	0	9							
(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

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)	19575.00	41257.00
(ii) Unitemized	40698.29	76686.62
(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

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)

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 / 122

(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 MM / DD / YYYY
11 / 10 / 2009

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 MM / DD / YYYY
11 / 25 / 2009

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 MM / DD / YYYY
07 / 10 / 2009

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:	PAGE 8 / 122
	(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)
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 ▼
400.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: SA11AI.13368

Amount of Each Receipt this Period
100.00

C

B. Full Name (Last, First, Middle Initial)
Anonymous Anonymous

Mailing Address Unknown

City State Zip Code
Unknown

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 ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2009

Transaction ID: SA11AI.13823

Amount of Each Receipt this Period
180.00

k MO from Citybank

C. Full Name (Last, First, Middle Initial)
Anonymous Anonymous

Mailing Address Unknown

City State Zip Code
Unknown

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 ▼
325.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2009

Transaction ID: SA11AI.13961

Amount of Each Receipt this Period
25.00

k Money Order

SUBTOTAL of Receipts This Page (optional) ▶ **305.00**

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

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.13823**

No other information about this Citibank Money order dated 7/24/09. Purchaser Signature looks like M. Hill.

**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 / 122
	<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)
Anonymous Anonymous

Mailing Address Unknown

City State Zip Code
Unknown

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 ▼ 345.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.13969

Amount of Each Receipt this Period
20.00

Cash from Mail

B. Full Name (Last, First, Middle Initial)
Anonymous Anonymous

Mailing Address Unknown

City State Zip Code
Unknown

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 ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.13974

Amount of Each Receipt this Period
5.00

k Money Order

C. Full Name (Last, First, Middle Initial)
Anonymous Anonymous

Mailing Address Unknown

City State Zip Code
Unknown

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 ▼ 650.00

Date of Receipt
M M / D D / Y 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

SUBTOTAL of Receipts This Page (optional) ▶ 325.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 12 / 122
(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)
Anonymous Anonymous
Mailing Address Unknown
City State Zip Code
Unknown
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 ▼ 700.00
Date of Receipt: 11 / 24 / 2009
Transaction ID: SA11AI.13996
Amount of Each Receipt this Period: 50.00
Money Gram Money Order

B. Full Name (Last, First, Middle Initial)
Anonymous Anonymous
Mailing Address Unknown
City State Zip Code
Unknown
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 ▼ 710.00
Date of Receipt: 12 / 08 / 2009
Transaction ID: SA11AI.14044
Amount of Each Receipt this Period: 10.00
Cash (Deposit Correction Requested)

C. 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: 07 / 12 / 2009
Transaction ID: SA11AI.12831
Amount of Each Receipt this Period: 750.00
C

SUBTOTAL of Receipts This Page (optional) ► 810.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kathryn K. Bell	Date of Receipt MM / DD / YYYY 10 / 10 / 2009
	Mailing Address 669 Rockledge Ct	Transaction ID: SA11AI.13127
	City State Zip Code Frisco TX 75034	Amount of Each Receipt this Period 2250.00
	FEC ID number of contributing federal political committee. C	C
	Name of Employer Occupation Retired Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

B.	Full Name (Last, First, Middle Initial) Stephen Bellotti	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 1555 Alta Glen Dr, #3	Transaction ID: SA11AI.13114
	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	
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) 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	
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)	2450.00
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 14 / 122
(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)
Bettie Blecke
Mailing Address 312 Byron Av
City Bloomingtondale State IL Zip Code 60108
FEC ID number of contributing federal political committee. **C**
Name of Employer BeeJay Management Occupation Best Effort
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt 11 / 25 / 2009
Transaction ID: SA11AI.13475
Amount of Each Receipt this Period 25.00
C

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

C. Full Name (Last, First, Middle Initial)
Robert Bollinger
Mailing Address 1600 N San Fernando RD Apt 332
City Burbank State CA Zip Code 91504
FEC ID number of contributing federal political committee. **C**
Name of Employer Castellian Solutions Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00
Date of Receipt 07 / 16 / 2009
Transaction ID: SA11AI.13081
Amount of Each Receipt this Period 150.00
C

SUBTOTAL of Receipts This Page (optional) ► 275.00
TOTAL This Period (last page this line number only) ►

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.13475**

Best Effort, full name and occupation requested.

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.13081**

Best Effort Requested middle 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 16 / 122
	<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) Lawrence Bordonaro		Date of Receipt
	Mailing Address 5744 Tobias Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 08 / 2009
	City	State	Zip Code
	Van Nuys	CA	91411
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12567
Name of Employer Fox Digital		Occupation Technical Director	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 ▼ 300.00	<input type="text"/> 100.00

B.	Full Name (Last, First, Middle Initial) Linda Bridwell		Date of Receipt
	Mailing Address 10695 Loire Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 08 / 2009
	City	State	Zip Code
	San Diego	CA	92131
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12561
Name of Employer Homemaker		Occupation Homemaker	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 ▼ 275.00	<input type="text"/> 100.00

C.	Full Name (Last, First, Middle Initial) Linda Bridwell		Date of Receipt
	Mailing Address 10695 Loire Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 06 / 2009
	City	State	Zip Code
	San Diego	CA	92131
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13270
Name of Employer Homemaker		Occupation Homemaker	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 ▼ 425.00	<input type="text"/> 150.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 350.00
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 17 / 122
(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)
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

B.

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

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 ▼ 325.00

Date of Receipt 10 / 23 / 2009

Transaction ID: SA11AI.13177

Amount of Each Receipt this Period 50.00

C

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

A. 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 19 / 122

(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) Marilyn Coddington		Date of Receipt MM / DD / YYYY 11 / 18 / 2009
	Mailing Address 11347 40th. Avenue		Transaction ID: SA11AI.12343
	City Allendale	State MI	Zip Code 49401-9533
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Best Effort	Occupation Best Effort	p
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) Larry Coke		Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 17752 Johnson Rd		Transaction ID: SA11AI.12771
	City Pelkie	State MI	Zip Code 49958
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer Signature Research	Occupation Scientist	C
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C.	Full Name (Last, First, Middle Initial) Larry Coke		Date of Receipt MM / DD / YYYY 10 / 05 / 2009
	Mailing Address 17752 Johnson Rd		Transaction ID: SA11AI.12225
	City Pelkie	State MI	Zip Code 49958
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
	Name of Employer Signature Research	Occupation Scientist	p
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

SUBTOTAL of Receipts This Page (optional) ▶

525.00

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

A. 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: (check only one)	PAGE 21 / 122
	<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) Larry Coke		Date of Receipt
	Mailing Address 17752 Johnson Rd		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Pelkie	MI	49958
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12291
Name of Employer Signature Research		Occupation Scientist	Amount of Each Receipt this Period <input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="475.00"/>	

B.	Full Name (Last, First, Middle Initial) Larry Coke		Date of Receipt
	Mailing Address 17752 Johnson Rd		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Pelkie	MI	49958
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13526
Name of Employer Signature Research		Occupation Scientist	Amount of Each Receipt this Period <input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="675.00"/>	

C.	Full Name (Last, First, Middle Initial) William Constable		Date of Receipt
	Mailing Address 2341 Palos Verdes Dr. West		<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Palos Verdes Estat	CA	90274
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13609
Name of Employer Fedex		Occupation Pilot	Amount of Each Receipt this Period <input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="225.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="325.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

C. Form/Schedule : **SA11AI**

Updated Occupation

Transaction ID : **SA11AI.13609**

**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 / 122
	<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) Bob Coolbaugh		Date of Receipt
	Mailing Address 567 S. Arlington Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 10 / 2009
	City	State	Zip Code
	Orange	CA	92869
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.12761
Name of Employer Coolbaugh Masonry, Inc.		Occupation Masonry	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 ▼ 350.00	<input type="text"/> 100.00

B.	Full Name (Last, First, Middle Initial) Cecily Craft Dresser		Date of Receipt
	Mailing Address 1242 W. Country Club Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 20 / 2009
	City	State	Zip Code
	Crawfordsvilln	IN	47933
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13724
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 ▼ 240.00	<input type="text"/> 40.00

C.	Full Name (Last, First, Middle Initial) Rebecca Craig		Date of Receipt
	Mailing Address 346 Weakley Creek Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 26 / 2009
	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 Rehabilitati-on		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 ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 390.00
TOTAL This Period (last page this line number only)	<input type="text"/>

B. Form/Schedule : **SA11AI**

Employer and occupation information requested

Transaction ID : **SA11AI.13724**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 122
(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 ▼ 800.00
Date of Receipt 07 / 08 / 2009
Transaction ID: SA11AI.12564
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 ▼ 900.00
Date of Receipt 07 / 12 / 2009
Transaction ID: SA11AI.12841
Amount of Each Receipt this Period 100.00
C

C. 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

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: (check only one)	PAGE 26 / 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

B.	Full Name (Last, First, Middle Initial) Robert Dietrich	Date of Receipt MM / DD / YYYY 07 / 12 / 2009
	Mailing Address 1312 Burbeck Ave	Transaction ID: SA11AI.12887
	City State Zip Code Richmond CA 94801	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	C
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

C.	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 State Zip Code Richmond CA 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	

SUBTOTAL of Receipts This Page (optional)	▶	365.00
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 27 / 122
	<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) Gordon Domes	Date of Receipt MM / DD / YYYY 11 / 24 / 2009
	Mailing Address 13895 Beck Rd	Transaction ID: SA11AI.13910
	City State Zip Code Dallas OR 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	

B.	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 State Zip Code Westchester IL 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	

C.	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 State Zip Code Westchester IL 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 ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	

A. 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 29 / 122
(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)
Kyle Ferguson
Mailing Address PO Box 780931
City Dallas State TX Zip Code 75378
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Best Effort
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt MM / DD / YYYY 07 / 14 / 2009
Transaction ID: SA11AI.13013
Amount of Each Receipt this Period 1000.00
C

B. Full Name (Last, First, Middle Initial)
Joe Flaherty
Mailing Address 3316 Southern Cove
City Cabot State AR Zip Code 72023
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 ▼ 230.00
Date of Receipt MM / DD / YYYY 11 / 02 / 2009
Transaction ID: SA11AI.13244
Amount of Each Receipt this Period 50.00
C

C. Full Name (Last, First, Middle Initial)
James Frazier
Mailing Address 1712 Black Oak
City Lafayette State IN Zip Code 47905
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 ▼ 300.00
Date of Receipt MM / DD / YYYY 07 / 20 / 2009
Transaction ID: SA11AI.13683
Amount of Each Receipt this Period 100.00
k

SUBTOTAL of Receipts This Page (optional) ► 1150.00
TOTAL This Period (last page this line number only) ►

C. Form/Schedule : **SA11AI**

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

Transaction ID : **SA11AI.13683**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 122

(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)
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

M M / D D / Y Y Y Y
07 / 10 / 2009

Transaction ID: SA11AI.12774

Amount of Each Receipt this Period

300.00

C

B.

Full Name (Last, First, Middle Initial)
John 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 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
09 / 03 / 2009

Transaction ID: SA11AI.12216

Amount of Each Receipt this Period

50.00

p

C.

Full Name (Last, First, Middle Initial)
John 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 Best Effort

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

Date of Receipt

M M / D D / Y Y Y Y
10 / 29 / 2009

Transaction ID: SA11AI.12296

Amount of Each Receipt this Period

50.00

p

SUBTOTAL of Receipts This Page (optional) ▶

400.00

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

B. Form/Schedule : **SA11AI**

Best Effort Requested name and occupation.

Transaction ID : **SA11AI.12216**

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

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

FOR LINE NUMBER: PAGE 33 / 122
(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)
John Gleeson
 Mailing Address 7626 South Shenandoah Dr.
 City Elizabeth State CO Zip Code 80107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Qwest Comm Occupation Best Effort
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00
 Date of Receipt 11 / 23 / 2009
Transaction ID: SA11AI.12389
 Amount of Each Receipt this Period 50.00
 p

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

C. Full Name (Last, First, Middle Initial)
G. Louis Graziadio, III
 Mailing Address 149 Palos Verdes Blvd Ste G
 City Redondon Beach State CA Zip Code 90277
 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 / 24 / 2009
Transaction ID: SA11AI.13956
 Amount of Each Receipt this Period 250.00
 k

SUBTOTAL of Receipts This Page (optional) ▶ 500.00
TOTAL This Period (last page this line number only) ▶

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.13429**

Best Effort request sent for occupation.

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.13956**

Best Effort Letter sent requesting first name, 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 35 / 122
(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)
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: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 350.00
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 13 / 2009
Transaction ID: SA11AI.12113
 Amount of Each Receipt this Period
 100.00
 p

B. 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: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00
 Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2009
Transaction ID: SA11AI.12295
 Amount of Each Receipt this Period
 50.00
 p

C. 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: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 450.00
 Date of Receipt
 M M / D D / Y Y Y Y
 11 / 18 / 2009
Transaction ID: SA11AI.12329
 Amount of Each Receipt this Period
 50.00
 p

SUBTOTAL of Receipts This Page (optional) ► 200.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Hessie Harris		Date of Receipt MM / DD / YYYY 07 / 15 / 2009		
	Mailing Address 12901 Blue Lane		Transaction ID: SA11AI.13073		
	City Silver Springs	State MD	Zip Code 20906	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		C		
	Name of Employer Compliance, Inc.	Occupation General Worker		Aggregate Year-to-Date 1750.00	

B.	Full Name (Last, First, Middle Initial) Leslie Hay		Date of Receipt MM / DD / YYYY 07 / 12 / 2009		
	Mailing Address PO Box 11225		Transaction ID: SA11AI.12849		
	City Montgomery	State AL	Zip Code 36111	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		C		
	Name of Employer State of AL	Occupation IT Manager		Aggregate Year-to-Date 300.00	

C.	Full Name (Last, First, Middle Initial) Leslie Hay		Date of Receipt MM / DD / YYYY 11 / 30 / 2009		
	Mailing Address PO Box 11225		Transaction ID: SA11AI.13589		
	City Montgomery	State AL	Zip Code 36111	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		C		
	Name of Employer State of AL	Occupation IT Manager		Aggregate Year-to-Date 400.00	

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 37 / 122
(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 ▼ 250.00
Date of Receipt 10 / 09 / 2009
Transaction ID: SA11AI.12235
Amount of Each Receipt this Period 50.00
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 ▼ 275.00
Date of Receipt 11 / 20 / 2009
Transaction ID: SA11AI.12367
Amount of Each Receipt this Period 25.00
p

C. 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

SUBTOTAL of Receipts This Page (optional) ► 105.00
TOTAL This Period (last page this line number only) ►

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

Middle name requested.

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

Requested middle name.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 122
(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 Anchorage State AK Zip Code 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 ▼ 250.00

Date of Receipt: 07 / 10 / 2009
Transaction ID: SA11AI.12028
 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 Anchorage State AK Zip Code 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: 10 / 09 / 2009
Transaction ID: SA11AI.12239
 Amount of Each Receipt this Period: 100.00

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 23 / 2009
Transaction ID: SA11AI.12270
 Amount of Each Receipt this Period: 50.00

p

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

A. 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 41 / 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 211 Glasgow Rd

City State Zip Code
Cary NC 27311

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

Name of Employer Occupation
Best Effort Best Effort

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: SA11AI.13691

Amount of Each Receipt this Period
2000.00

k

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 ▼ 750.00

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

Transaction ID: SA11AI.12978

Amount of Each Receipt this Period
250.00

C

C. 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

SUBTOTAL of Receipts This Page (optional) ► **2350.00**

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

A. 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 43 / 122
(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		Date of Receipt MM / DD / YYYY 07 / 20 / 2009
Mailing Address 1725 89th Place NE		Transaction ID: SA11AI.13727
City Clude Hill	State WA	Zip Code 98004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	k
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B.

Full Name (Last, First, Middle Initial) Walter Kleiner		Date of Receipt MM / DD / YYYY 11 / 24 / 2009
Mailing Address 1725 89th Place NE		Transaction ID: SA11AI.13915
City Clude Hill	State WA	Zip Code 98004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	k
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

C.

Full Name (Last, First, Middle Initial) Phyllis Klopf		Date of Receipt MM / DD / YYYY 07 / 15 / 2009
Mailing Address 508 W. Cortner St.		Transaction ID: SA11AI.13041
City Hanford	State CA	Zip Code 93230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Best Effort Declined to Answer	Occupation Best Effort Declined to Answer	C
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)	▶	250.00
TOTAL This Period (last page this line number only)	▶	

C. 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: PAGE 45 / 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4 Greenridge Forest Ct

City State Zip Code
Woodlands TX 77381

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

Name of Employer Self-Employed Occupation
Self-Employed Medical Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

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

Transaction ID: SA11AI.13687

Amount of Each Receipt this Period
300.00

k

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

Mailing Address 4 Greenridge Forest Ct

City State Zip Code
Woodlands TX 77381

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

Name of Employer Self-Employed Occupation
Self-Employed Medical Field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2009

Transaction ID: SA11AI.13919

Amount of Each Receipt this Period
300.00

k

C. Full Name (Last, First, Middle Initial)
Mark Lewis

Mailing Address 4187 Columbia Road

City State Zip Code
North Olmsted OH 44070

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

Name of Employer Best Effort Occupation
Best Effort Best Effort

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2009

Transaction ID: SA11AI.13562

Amount of Each Receipt this Period
250.00

C

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

B. 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

C. 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 47 / 122
(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 Santa Clarita State CA Zip Code 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 ▼ 600.00
Date of Receipt MM / DD / YYYY 07 / 13 / 2009
Transaction ID: SA11AI.12938
Amount of Each Receipt this Period 100.00
C

B. Full Name (Last, First, Middle Initial)
Laurie Maines
Mailing Address 218123 Eagle Peak Ave.
City Santa Clarita State CA Zip Code 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 MM / DD / YYYY 11 / 13 / 2009
Transaction ID: SA11AI.13301
Amount of Each Receipt this Period 200.00
C

C. Full Name (Last, First, Middle Initial)
Charles Matson
Mailing Address 914 East C Street
City North Platte State NE Zip Code 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 MM / DD / YYYY 11 / 20 / 2009
Transaction ID: SA11AI.13426
Amount of Each Receipt this Period 25.00
C

SUBTOTAL of Receipts This Page (optional) ► 325.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 48 / 122
(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)
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 Occupation
UPRR Railroad

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2009

Transaction ID: SA11AI.13537

Amount of Each Receipt this Period
25.00

C

B. 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
MM / DD / YYYY
11 / 09 / 2009

Transaction ID: SA11AI.13283

Amount of Each Receipt this Period
150.00

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 23 / 2009

Transaction ID: SA11AI.13172

Amount of Each Receipt this Period
50.00

C

SUBTOTAL of Receipts This Page (optional) ▶ 225.00

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

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

Best Effort Requested middle name and occupation.

C. 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: PAGE 50 / 122
(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)
Sheron M. Owen
 Mailing Address 2622 S Kingston Ct
 City Aurora State CO Zip Code 80014-1723
 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 ▼ 350.00
 Date of Receipt 11 / 24 / 2009
Transaction ID: SA11AI.13934
 Amount of Each Receipt this Period 100.00
 k

B. Full Name (Last, First, Middle Initial)
Sheron M. Owen
 Mailing Address 2622 S Kingston Ct
 City Aurora State CO Zip Code 80014-1723
 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 ▼ 400.00
 Date of Receipt 11 / 24 / 2009
Transaction ID: SA11AI.14000
 Amount of Each Receipt this Period 50.00
 k

C. Full Name (Last, First, Middle Initial)
Linda Pass
 Mailing Address P O Box 7965
 City Athens State GA Zip Code 30604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Semi-Retired Accountant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00
 Date of Receipt 11 / 13 / 2009
Transaction ID: SA11AI.13298
 Amount of Each Receipt this Period 75.00
 C

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

C. 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 52 / 122
(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)
Judy H. Patterson

Mailing Address 117 Heliport Dr

City State Zip Code
Rutherfordton NC 28139

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.13958
Amount of Each Receipt this Period: 100.00

B. 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: 07 / 20 / 2009
Transaction ID: SA11AI.13713
Amount of Each Receipt this Period: 100.00

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 ▼ 365.00

Date of Receipt: 07 / 20 / 2009
Transaction ID: SA11AI.13740
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

B. 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: (check only one)	PAGE 54 / 122
	<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	Date of Receipt MM / DD / YYYY 08 / 04 / 2009
	Mailing Address 1902 Ardenwood Ter	Transaction ID: SA11AI.13809
	City State Zip Code Crofton MD 21114-1701	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	k
	Name of Employer Service Power Occupation Computer Software Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 415.00	

B.	Full Name (Last, First, Middle Initial) Richard D. Reamer	Date of Receipt MM / DD / YYYY 09 / 10 / 2009
	Mailing Address 1902 Ardenwood Ter	Transaction ID: SA11AI.13854
	City State Zip Code Crofton MD 21114-1701	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	k
	Name of Employer Service Power Occupation Computer Software Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 490.00	

C.	Full Name (Last, First, Middle Initial) Richard D. Reamer	Date of Receipt MM / DD / YYYY 11 / 04 / 2009
	Mailing Address 1902 Ardenwood Ter	Transaction ID: SA11AI.13869
	City State Zip Code Crofton MD 21114-1701	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	k
	Name of Employer Service Power Occupation Computer Software Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00	

SUBTOTAL of Receipts This Page (optional)	175.00
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 / 122
(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 ▼ 350.00
Date of Receipt 07 / 20 / 2009
Transaction ID: SA11AI.13718
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 ▼ 550.00
Date of Receipt 07 / 20 / 2009
Transaction ID: SA11AI.13753
Amount of Each Receipt this Period 200.00
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 ▼ 650.00
Date of Receipt 09 / 10 / 2009
Transaction ID: SA11AI.13851
Amount of Each Receipt this Period 100.00
k

SUBTOTAL of Receipts This Page (optional) ▶ 500.00
TOTAL This Period (last page this line number only) ▶

A. 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 57 / 122
(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 ▼ 750.00
Date of Receipt: 11 / 04 / 2009
Transaction ID: SA11AI.13884
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 ▼ 850.00
Date of Receipt: 12 / 08 / 2009
Transaction ID: SA11AI.14006
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 ▼ 950.00
Date of Receipt: 12 / 08 / 2009
Transaction ID: SA11AI.14007
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) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 122
 (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)
Brian Richardson

Mailing Address 1718 Port Barmouth Pl

City State Zip Code
Newport Beach CA 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

B. 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 Best Effort Occupation Best Effort

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 14 / 2009
Transaction ID: SA11AI.13010
 Amount of Each Receipt this Period: 500.00
 C

C. 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 Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 20 / 2009
Transaction ID: SA11AI.13434
 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) ►

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

Best Effort Request for employer and occupation sent.

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

Best Effort Requested middle name.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 122
(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)
Steven Ruff

Mailing Address 6435 Dehesa Road

City State Zip Code
El Cajon CA 92019

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.12863

Amount of Each Receipt this Period
100.00

C

B.

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

Mailing Address 1420 Steverly Ave

City State Zip Code
Long Beach CA 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
MM / DD / YYYY
11 / 24 / 2009

Transaction ID: SA11AI.13931

Amount of Each Receipt this Period
50.00

k

C.

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

Mailing Address 1420 Steverly Ave

City State Zip Code
Long Beach CA 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
MM / DD / YYYY
11 / 24 / 2009

Transaction ID: SA11AI.13962

Amount of Each Receipt this Period
50.00

k

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

A. 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 62 / 122
(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)
Ingrid Schneider

Mailing Address 1420 Steverly Ave

City State Zip Code
Long Beach CA 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
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.13963

Amount of Each Receipt this Period
25.00

k

B.

Full Name (Last, First, Middle Initial)
Kathleen Schwartzman

Mailing Address 19223 Index St
Unit 1

City State Zip Code
Northridge CA 91326

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

Name of Employer Retired Occupation

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 1 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.13302

Amount of Each Receipt this Period
50.00

C

C.

Full Name (Last, First, Middle Initial)
Jane Shafer

Mailing Address 634 Blossom Ln

City State Zip Code
Lincoln CA 95648

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.13159

Amount of Each Receipt this Period
50.00

C

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: PAGE 63 / 122

(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 Simcox

Mailing Address PO Box 55

City State Zip Code
Paoli IN 47454

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

Name of Employer Occupation
Lancer Driver

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2009

Transaction ID: SA11AI.13723

Amount of Each Receipt this Period

100.00

k

B.

Full Name (Last, First, Middle Initial)
James Snow

Mailing Address 16538 redwood circle

City State Zip Code
fountain valley CA 92708

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

Name of Employer Occupation
Boeing Best Effort

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

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2009

Transaction ID: SA11AI.13385

Amount of Each Receipt this Period

100.00

C

C.

Full Name (Last, First, Middle Initial)
Brian Vocca

Mailing Address 1210 Beach Dr

City State Zip Code
Seaside OR 97138

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

Name of Employer Occupation
Self Employed Computer Systems 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
11 / 04 / 2009

Transaction ID: SA11AI.13887

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) ▶

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

Best Effort Requested Occupation and middle name.

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

Previous contribution in April 2009

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

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

FOR LINE NUMBER: PAGE 65 / 122

(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 Woods

Mailing Address 228 Lewis Tate Rd

City State Zip Code
Meridianville AL 35759

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

Name of Employer Occupation
Retired Retired

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2009

Transaction ID: SA11AI.12612

Amount of Each Receipt this Period

100.00

C

B.

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
12 / 21 / 2009

Transaction ID: SA11AI.13622

Amount of Each Receipt this Period

200.00

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 ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 23 / 2009

Transaction ID: SA11AI.13181

Amount of Each Receipt this Period

25.00

C

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.12612**

Best Effort Middle name, employer and occupation requested

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.13622**

Best Effort Requested middle 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:	PAGE 67 / 122
	(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)
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 Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: SA11AI.13353

Amount of Each Receipt this Period
50.00

C

B.

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 Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2009

Transaction ID: SA11AI.13905

Amount of Each Receipt this Period
100.00

k

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	19575.00

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.11930 Date of Disbursement
	Mailing Address PO Box 36001	<input type="text" value="08"/> / <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 Credit Card Processing Fees	<input type="text" value="122.04"/>
	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.12502 Date of Disbursement
	Mailing Address PO Box 36001	<input type="text" value="10"/> / <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 Credit Card Processing Fee	<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) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.12510 Date of Disbursement
	Mailing Address PO Box 36001	<input type="text" value="11"/> / <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 Credit Card Processing Fees	<input type="text" value="5.04"/>
	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="132.03"/>
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) 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.12537</p> <p>Date of Disbursement 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 4.95</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 Processing Fee Credit Card</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.12541</p> <p>Date of Disbursement 12 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 28.60</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 Processing Fee Credit Card</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.12556</p> <p>Date of Disbursement 12 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 4.95</p>

SUBTOTAL of Disbursements This Page (optional) ▶

38.50

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11911</p> <p>Date of Disbursement MM / DD / YYYY 07 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 43.50</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 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.11935</p> <p>Date of Disbursement MM / DD / YYYY 08 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 60.05</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.12455</p> <p>Date of Disbursement MM / DD / YYYY 09 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 40.10</p>

SUBTOTAL of Disbursements This Page (optional)	143.65
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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) Authorize Net Corporation <hr/> Mailing Address 915 S. 500 E. Ste. 200 <hr/> City American Fork State VT Zip Code 84003 Purpose of Disbursement Processing Fee Credit Card 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.12477 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 40.40 Category/Type

B. Full Name (Last, First, Middle Initial) Authorize Net Corporation <hr/> Mailing Address 915 S. 500 E. Ste. 200 <hr/> City American Fork State VT Zip Code 84003 Purpose of Disbursement Processing Fee Credit Card 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.12509 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 46.35 Category/Type

C. Full Name (Last, First, Middle Initial) Authorize Net Corporation <hr/> Mailing Address 915 S. 500 E. Ste. 200 <hr/> City American Fork State VT Zip Code 84003 Purpose of Disbursement Processing Fee Credit Card 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.12540 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 52.15 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	138.90
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

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) 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)

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

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

A.	Full Name (Last, First, Middle Initial) Branch Banking and Trust 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) ▶	

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="12"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Callfire	Transaction ID: SB21B.12553 Date of Disbursement
	Mailing Address 1838 Corinth Ave #3	<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Constant Contact	Transaction ID: SB21B.11906 Date of Disbursement
	Mailing Address 1601 Trapelo Road, Suite 329 866-289-2101	<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	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 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="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)

<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																					
	Constant Contact	Date of Disbursement																					
Mailing Address 1601 Trapelo Road, Suite 329 866-289-2101		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>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 Waltham State MA Zip Code 02451		Amount of Each Disbursement this Period																					
Purpose of Disbursement		<table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00																			
250.00																							
E-Mail Service																							
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. Constant Contact	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.11932																					
	Constant Contact	Date of Disbursement																					
Mailing Address 1601 Trapelo Road, Suite 329 866-289-2101		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>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 Waltham State MA Zip Code 02451		Amount of Each Disbursement this Period																					
Purpose of Disbursement		<table border="1"> <tr> <td>9.68</td> </tr> </table>		9.68																			
9.68																							
E-Mail Service																							
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. Constant Contact	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.12454																					
	Constant Contact	Date of Disbursement																					
Mailing Address 1601 Trapelo Road, Suite 329 866-289-2101		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>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 Waltham State MA Zip Code 02451		Amount of Each Disbursement this Period																					
Purpose of Disbursement		<table border="1"> <tr> <td>260.00</td> </tr> </table>		260.00																			
260.00																							
E-Mail Service																							
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)	▶	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

<p>A. Full Name (Last, First, Middle Initial) Constant Contact</p> <p>Mailing Address 1601 Trapelo Road, Suite 329 866-289-2101</p> <p>City Waltham State MA Zip Code 02451</p> <p>Purpose of Disbursement E-Mail 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.12475 Date of Disbursement 10 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 260.00</p>
<p>B. Full Name (Last, First, Middle Initial) Constant Contact</p> <p>Mailing Address 1601 Trapelo Road, Suite 329 866-289-2101</p> <p>City Waltham State MA Zip Code 02451</p> <p>Purpose of Disbursement E-Mail 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.12504 Date of Disbursement 11 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 260.00</p>
<p>C. Full Name (Last, First, Middle Initial) Constant Contact</p> <p>Mailing Address 1601 Trapelo Road, Suite 329 866-289-2101</p> <p>City Waltham State MA Zip Code 02451</p> <p>Purpose of Disbursement E-Mail 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.12538 Date of Disbursement 12 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 260.00</p>

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)

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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) Cooksey Printing Mailing Address 1920 Wenneca City Ft. Worth State TX Zip Code 76102 Purpose of Disbursement Printing 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.13675 Date of Disbursement 12 / 11 / 2009 Amount of Each Disbursement this Period 635.32 Category/Type
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.11910 Date of Disbursement 07 / 02 / 2009 Amount of Each Disbursement this Period 58.36 Category/Type
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 Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.11933 Date of Disbursement 08 / 04 / 2009 Amount of Each Disbursement this Period 332.54 Category/Type

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)

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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.12456 Date of Disbursement
	Mailing Address 12600 Deerfield Pkwy. Ste 375	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City Alphareta State GA Zip Code 30004	Amount of Each Disbursement this Period
	Purpose of Disbursement Processing Fee Credit Card	<input type="text" value="33.83"/>
	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) Cornerstone American	Transaction ID: SB21B.12478 Date of Disbursement
	Mailing Address 12600 Deerfield Pkwy. Ste 375	<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City Alphareta State GA Zip Code 30004	Amount of Each Disbursement this Period
	Purpose of Disbursement Processing Fee Credit Card	<input type="text" value="30.32"/>
	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) Cornerstone American	Transaction ID: SB21B.12508 Date of Disbursement
	Mailing Address 12600 Deerfield Pkwy. Ste 375	<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Alphareta State GA Zip Code 30004	Amount of Each Disbursement this Period
	Purpose of Disbursement Processing Fee Credit Card	<input type="text" value="80.56"/>
	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="144.71"/>
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) Cornerstone American	Transaction ID: SB21B.12539 Date of Disbursement																			
	Mailing Address 12600 Deerfield Pkwy. Ste 375	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>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
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	2		2	0	0	9												
	City Alpharetta State GA Zip Code 30004	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Processing Fee Credit Card	<table border="1"><tr><td>188.39</td></tr></table>	188.39																		
188.39																					
	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) Corporate Payroll Service	Transaction ID: SB21B.11915 Date of Disbursement																			
	Mailing Address 1000 Miller Court West	<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 Norcross State GA Zip Code 30071	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Payroll Taxes	<table border="1"><tr><td>1363.35</td></tr></table>	1363.35																		
1363.35																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) Corporate Payroll Service	Transaction ID: SB21B.11918 Date of Disbursement																			
	Mailing Address 1000 Miller Court West	<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 Norcross State GA Zip Code 30071	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Payroll Processing Fee	<table border="1"><tr><td>57.86</td></tr></table>	57.86																		
57.86																					
	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>1609.60</td></tr></table>	1609.60
1609.60		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:
(check only one)

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

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) Corporate Payroll Service	Transaction ID: SB21B.11937 Date of Disbursement
	Mailing Address 1000 Miller Court West	<input type="text" value="08"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Norcross State GA Zip Code 30071	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="1249.83"/>
	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.11938 Date of Disbursement
	Mailing Address 1000 Miller Court West	<input type="text" value="08"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Norcross State GA Zip Code 30071	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing Fee	<input type="text" value="56.24"/>
	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.12458 Date of Disbursement
	Mailing Address 1000 Miller Court West	<input type="text" value="09"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	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="2669.42"/>
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	Transaction ID: SB21B.12459 Date of Disbursement
	Mailing Address 1000 Miller Court West	<input type="text" value="09"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Norcross State GA Zip Code 30071	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing Fee	<input type="text" value="56.24"/>
	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) Corporate Payroll Service	Transaction ID: SB21B.12480 Date of Disbursement
	Mailing Address 1000 Miller Court West	<input type="text" value="10"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Corporate Payroll Service	Transaction ID: SB21B.12481 Date of Disbursement
	Mailing Address 1000 Miller Court West	<input type="text" value="10"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Norcross State GA Zip Code 30071	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing Fee	<input type="text" value="5.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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="1424.59"/>
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	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)

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

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

A.	Full Name (Last, First, Middle Initial) Corporate Payroll Service	Transaction ID: SB21B.12545 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 Processing Fee	<input type="text" value="56.24"/>
	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) CP Communications	Transaction ID: SB21B.13639 Date of Disbursement
	Mailing Address 2521 N Ontario St	<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Brubank State CA Zip Code 91504-2513	Amount of Each Disbursement this Period
	Purpose of Disbursement Website Maintenance	<input type="text" value="450.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CP Communications	Transaction ID: SB21B.13658 Date of Disbursement
	Mailing Address 2521 N Ontario St	<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Brubank State CA Zip Code 91504-2513	Amount of Each Disbursement this Period
	Purpose of Disbursement Website Maintenance	<input type="text" value="450.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="956.24"/>
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) CP Communications	Transaction ID: SB21B.13664 Date of Disbursement
	Mailing Address 2521 N Ontario St	<input type="text" value="11"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Brubank State CA Zip Code 91504-2513	Amount of Each Disbursement this Period
	Purpose of Disbursement Website Maintenance	<input type="text" value="75.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Discover Network	Transaction ID: SB21B.11908 Date of Disbursement
	Mailing Address PO Box 3022	<input type="text" value="07"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City New Albany State OH Zip Code 43052	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing	<input type="text" value="63.17"/>
	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.11934 Date of Disbursement
	Mailing Address PO Box 3022	<input type="text" value="08"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City New Albany State OH Zip Code 43052	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="95.74"/>
	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="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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Discover Network	Transaction ID: SB21B.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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Discover Network	Transaction ID: SB21B.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 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="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)

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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) 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</p> <p>Date of Disbursement 08 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 15.95</p>
<p>B.</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.11950</p> <p>Date of Disbursement 08 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 47.85</p>
<p>C.</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.11955</p> <p>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)

<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 Svcs</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.11958</p> <p>Date of Disbursement 08 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 47.85</p>
<p>B.</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.12527</p> <p>Date of Disbursement 11 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 15.95</p>
<p>C.</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.12550</p> <p>Date of Disbursement 12 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 15.95</p>

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

A.	Full Name (Last, First, Middle Initial) Dotster Inc.	Transaction ID: SB21B.12551 Date of Disbursement 12 / 21 / 2009
	Mailing Address PO Box 821066	Amount of Each Disbursement this Period 15.95
	City Vancouver State WA Zip Code 98682	
	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) ▼

B.	Full Name (Last, First, Middle Initial) Embarq	Transaction ID: SB21B.11922 Date of Disbursement 07 / 15 / 2009
	Mailing Address PO Box 96064	Amount of Each Disbursement this Period 49.91
	City Charlotte State NC Zip Code 28296	
	Purpose of Disbursement Internet Serv.	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Embarq	Transaction ID: SB21B.11953 Date of Disbursement 08 / 17 / 2009
	Mailing Address PO Box 96064	Amount of Each Disbursement this Period 49.94
	City Charlotte State NC Zip Code 28296	
	Purpose of Disbursement Internet Service	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

A.	Full Name (Last, First, Middle Initial) Facebook Inc.	Transaction ID: SB21B.12457 Date of Disbursement 09 / 04 / 2009
	Mailing Address 156 University Ave.	Amount of Each Disbursement this Period 26.53
	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.12469 Date of Disbursement 09 / 18 / 2009
	Mailing Address 156 University Ave.	Amount of Each Disbursement this Period 146.00
	City Palo Alto State CA Zip Code 94301-1605	
	Purpose of Disbursement Advertisements 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.12470 Date of Disbursement 09 / 21 / 2009
	Mailing Address 156 University Ave.	Amount of Each Disbursement this Period 148.15
	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)	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)

<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) 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.12471</p> <p>Date of Disbursement 09 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 72.04</p>
<p>B. 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.12487</p> <p>Date of Disbursement 10 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 100.00</p>
<p>C. 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.12488</p> <p>Date of Disbursement 10 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 100.00</p>

SUBTOTAL of Disbursements This Page (optional)	272.04
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.12489 Date of Disbursement 10 / 19 / 2009 Amount of Each Disbursement this Period 96.12
B.	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.12496 Date of Disbursement 10 / 21 / 2009 Amount of Each Disbursement this Period 87.63
C.	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.12516 Date of Disbursement 11 / 16 / 2009 Amount of Each Disbursement this Period 194.36

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.	Transaction ID: SB21B.12517 Date of Disbursement 11 / 16 / 2009
	Mailing Address 156 University Ave.	Amount of Each Disbursement this Period 189.51
	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) Hilton Hotels Corporate	Transaction ID: SB21B.11929 Date of Disbursement 08 / 03 / 2009
	Mailing Address 9336 Civic Center Dr	Amount of Each Disbursement this Period 232.11
	City Beverly Hills State CA Zip Code 90210	
	Purpose of Disbursement Travel Expense 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) Daryl Jurbala	Transaction ID: SB21B.13649 Date of Disbursement 08 / 03 / 2009
	Mailing Address PO Box 30966	Amount of Each Disbursement this Period 569.00
	City Raleigh State NC Zip Code 27622	
	Purpose of Disbursement Consulting 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)	▶	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)

<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) Daryl Jurbala	Transaction ID: SB21B.13670 Date of Disbursement 12 / 12 / 2009
	Mailing Address PO Box 30966	Amount of Each Disbursement this Period 500.00
	City Raleigh State NC Zip Code 27622	
	Purpose of Disbursement Consulting Fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mass Media Distribution	Transaction ID: SB21B.11936 Date of Disbursement 08 / 05 / 2009
	Mailing Address 12693 Tamiami Trl. E. # 222	Amount of Each Disbursement this Period 199.00
	City Naples State FL Zip Code 34113	
	Purpose of Disbursement Press Release Service	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mass Media Distribution	Transaction ID: SB21B.11949 Date of Disbursement 08 / 13 / 2009
	Mailing Address 12693 Tamiami Trl. E. # 222	Amount of Each Disbursement this Period 199.00
	City Naples State FL Zip Code 34113	
	Purpose of Disbursement Press Release 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)	898.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 95 / 122

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

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

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

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

C. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release 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.12464 Date of Disbursement 09 / 15 / 2009
	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 <hr/> Mailing Address 12693 Tamiami Trl. E. # 222 <hr/> City Naples State FL Zip Code 34113 <hr/> Purpose of Disbursement Press Release 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.12482 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 9	Amount of Each Disbursement this Period 199.00
B.	Full Name (Last, First, Middle Initial) Mass Media Distribution <hr/> Mailing Address 12693 Tamiami Trl. E. # 222 <hr/> City Naples State FL Zip Code 34113 <hr/> Purpose of Disbursement Press Release 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.12495 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 9	Amount of Each Disbursement this Period 199.00
C.	Full Name (Last, First, Middle Initial) Mass Media Distribution <hr/> Mailing Address 12693 Tamiami Trl. E. # 222 <hr/> City Naples State FL Zip Code 34113 <hr/> Purpose of Disbursement Press Release 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.11923 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 9	Amount of Each Disbursement this Period 199.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release 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.12536 Date of Disbursement 10 / 30 / 2009
	Amount of Each Disbursement this Period 199.00

B. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release 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.12513 Date of Disbursement 11 / 10 / 2009
	Amount of Each Disbursement this Period 199.00

C. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release Svc 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.12515 Date of Disbursement 11 / 16 / 2009
	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 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 State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.12542 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 199.00

B. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release 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.12548 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 199.00

C. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release 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.12554 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	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

<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

A.	Full Name (Last, First, Middle Initial) Palmer Web Consulting	Transaction ID: SB21B.13638 Date of Disbursement
	Mailing Address PO Box 1992	<input type="text" value="07"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Old Fort State NC Zip Code 28762	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="600.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Palmer Web Consulting	Transaction ID: SB21B.13645 Date of Disbursement
	Mailing Address PO Box 1992	<input type="text" value="08"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Old Fort State NC Zip Code 28762	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="600.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ms Jane Patterson	Transaction ID: SB21B.13635 Date of Disbursement
	Mailing Address PO Box 30966	<input type="text" value="07"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Raleigh State NC Zip Code 27622-0966	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="554.10"/>
	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="1754.10"/>
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) Ms Jane Patterson	Transaction ID: SB21B.13637 Date of Disbursement 07 / 08 / 2009
	Mailing Address PO Box 30966	
	City Raleigh State NC Zip Code 27622-0966	Amount of Each Disbursement this Period 554.10
	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) Ms Jane Patterson	Transaction ID: SB21B.13653 Date of Disbursement 09 / 08 / 2009
	Mailing Address PO Box 30966	
	City Raleigh State NC Zip Code 27622-0966	Amount of Each Disbursement this Period 554.10
	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) Ms Jane Patterson	Transaction ID: SB21B.13657 Date of Disbursement 10 / 09 / 2009
	Mailing Address PO Box 30966	
	City Raleigh State NC Zip Code 27622-0966	Amount of Each Disbursement this Period 554.10
	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)	▶	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)

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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) Ms Jane Patterson	Transaction ID: SB21B.13662 Date of Disbursement 11 / 03 / 2009
	Mailing Address PO Box 30966	
	City Raleigh State NC Zip Code 27622-0966	Amount of Each Disbursement this Period 554.10
	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) Ms Jane Patterson	Transaction ID: SB21B.13668 Date of Disbursement 12 / 08 / 2009
	Mailing Address PO Box 30966	
	City Raleigh State NC Zip Code 27622-0966	Amount of Each Disbursement this Period 554.10
	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) Ms Jane Patterson	Transaction ID: SB21B.13674 Date of Disbursement 12 / 11 / 2009
	Mailing Address PO Box 30966	
	City Raleigh State NC Zip Code 27622-0966	Amount of Each Disbursement this Period 459.40
	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) ▼

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)

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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

Mailing Address 4325 Glenwood Ave.

City Raleigh State NC Zip Code 27612

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.13674.0
Date of Disbursement

11 / 06 / 2009

Amount of Each Disbursement this Period

176.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Office Depot

Mailing Address 401 Carroll

City Ft. Worth State TX Zip Code 76107

Purpose of Disbursement
Office supplies, Ink and Stamps

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.13674.1
Date of Disbursement

11 / 11 / 2009

Amount of Each Disbursement this Period

283.40

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
PayPal

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement
Credit Card Fee

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.11850
Date of Disbursement

07 / 01 / 2009

Amount of Each Disbursement this Period

194.09

SUBTOTAL of Disbursements This Page (optional) ▶

194.09

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) PayPal	Transaction ID: SB21B.11967 Date of Disbursement
	Mailing Address 2145 Hamilton Avenue	<input type="text" value="08"/> / <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="12.22"/>
	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
	Mailing Address 2145 Hamilton Avenue	<input type="text" value="09"/> / <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="7.78"/>
	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
	Mailing Address 2145 Hamilton Avenue	<input type="text" value="10"/> / <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="69.89"/>
	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="89.89"/>
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.12483 Date of Disbursement 10 / 15 / 2009
	Mailing Address 2145 Hamilton Avenue	Amount of Each Disbursement this Period 550.00
	City San Jose State CA Zip Code 95125	
	Purpose of Disbursement Directory	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) William Cross	Transaction ID: SB21B.12483.0 Date of Disbursement 10 / 15 / 2009
	Mailing Address	Amount of Each Disbursement this Period 550.00
	City State TN Zip Code	
	Purpose of Disbursement Website Development	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) PayPal	Transaction ID: SB21B.14050 Date of Disbursement 11 / 01 / 2009
	Mailing Address 2145 Hamilton Avenue	Amount of Each Disbursement this Period 108.26
	City San Jose State CA Zip Code 95125	
	Purpose of Disbursement Credit Card Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

A.	Full Name (Last, First, Middle Initial) PayPal	Transaction ID: SB21B.12534 Date of Disbursement 11 / 24 / 2009
	Mailing Address 2145 Hamilton Avenue	Amount of Each Disbursement this Period 250.00
	City San Jose State CA Zip Code 95125	
	Purpose of Disbursement Directory 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 Cross	Transaction ID: SB21B.12534.0 Date of Disbursement 11 / 24 / 2009
	Mailing Address	Amount of Each Disbursement this Period 250.00
	City State TN Zip Code	
	Purpose of Disbursement Website Development 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.12557 Date of Disbursement 12 / 01 / 2009
	Mailing Address 2145 Hamilton Avenue	Amount of Each Disbursement this Period 15.66
	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)	▶	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)

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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.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)

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) Rackspace Managed Hosting</p> <p>Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000</p> <p>City San Antonio State TX Zip Code 78229</p> <p>Purpose of Disbursement Internet Server</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13648 Date of Disbursement 08 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 520.00</p>
<p>B. Full Name (Last, First, Middle Initial) Rackspace Managed Hosting</p> <p>Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000</p> <p>City San Antonio State TX Zip Code 78229</p> <p>Purpose of Disbursement Internet Server</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13655 Date of Disbursement 09 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 520.00</p>
<p>C. Full Name (Last, First, Middle Initial) Rackspace Managed Hosting</p> <p>Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000</p> <p>City San Antonio State TX Zip Code 78229</p> <p>Purpose of Disbursement Internet Server</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.13659 Date of Disbursement 10 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 560.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1600.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Rackspace Managed Hosting	Transaction ID: SB21B.13663 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>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
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	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>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) ▼																			

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	<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
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	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) ▼																			

C.	Full Name (Last, First, Middle Initial) Sage Payments Solutions	Transaction ID: SB21B.11927 Date of Disbursement																			
	Mailing Address 1750 Old Meadow Rd. #300	<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>3</td><td>0</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	/	3	0	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7	/	3	0	/	2	0	0	9												
	City Mclean State VA Zip Code 22102	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Processing Fees	<table border="1"><tr><td>318.48</td></tr></table>	318.48																		
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)	<table border="1"><tr><td>1438.48</td></tr></table>	1438.48
1438.48		
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) 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.11968 Date of Disbursement 08 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2.54</p>
<p>B. 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.12473 Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 9.12</p>
<p>C. 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.14047 Date of Disbursement 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 58.70</p>

SUBTOTAL of Disbursements This Page (optional) ▶

70.36

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.</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
	Mailing Address 2505 Atlantic Ave. Ste. 101	<input type="text" value="07"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Raleigh State NC Zip Code 27604	Amount of Each Disbursement this Period
	Purpose of Disbursement Broadband Cable	<input type="text" value="137.77"/>
	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.11952 Date of Disbursement
	Mailing Address 2505 Atlantic Ave. Ste. 101	<input type="text" value="08"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Raleigh State NC Zip Code 27604	Amount of Each Disbursement this Period
	Purpose of Disbursement Broadband Cable	<input type="text" value="138.84"/>
	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.12468 Date of Disbursement
	Mailing Address 2505 Atlantic Ave. Ste. 101	<input type="text" value="09"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Raleigh State NC Zip Code 27604	Amount of Each Disbursement this Period
	Purpose of Disbursement Broadband Cable	<input type="text" value="152.72"/>
	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="429.33"/>
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) Time Warner Cable</p> <p>Mailing Address 2505 Atlantic Ave. Ste. 101</p> <p>City Raleigh State NC Zip Code 27604</p> <p>Purpose of Disbursement Broadband Cable</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.12484</p> <p>Date of Disbursement 10 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 188.32</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Time Warner Cable</p> <p>Mailing Address 2505 Atlantic Ave. Ste. 101</p> <p>City Raleigh State NC Zip Code 27604</p> <p>Purpose of Disbursement Broadband Cable</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.12519</p> <p>Date of Disbursement 11 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 174.31</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Time Warner Cable</p> <p>Mailing Address 2505 Atlantic Ave. Ste. 101</p> <p>City Raleigh State NC Zip Code 27604</p> <p>Purpose of Disbursement Broadband Cable</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.12559</p> <p>Date of Disbursement 12 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 176.46</p>

SUBTOTAL of Disbursements This Page (optional) ▶

539.09

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 116 / 122

<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) US Postal Service</p> <p>Mailing Address 4325 Glenwood Ave.</p> <p>City Raleigh State NC Zip Code 27612</p> <p>Purpose of Disbursement PO Box Fee & Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.11963</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="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="176.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 1 Verizon Way (800)214-3555</p> <p>City Basking Ridge State NJ Zip Code 07920-1025</p> <p>Purpose of Disbursement Services and Merchandise</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.12466</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <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="192.73"/></p>
<p>C. Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 1 Verizon Way (800)214-3555</p> <p>City Basking Ridge State NJ Zip Code 07920-1025</p> <p>Purpose of Disbursement Services and Merchandise</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.12486</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <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="184.02"/></p>

SUBTOTAL of Disbursements This Page (optional) ►

552.75

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)

PAGE 117 / 122

<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>/</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	/	D	/	Y	Y	Y	Y	0	7	/	0	8	/	2	0	0
M	/	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)

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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.11943
	Mailing Address 23 Main St	Date of Disbursement MM / DD / YYYY 08 / 12 / 2009
	City Holmdel State NJ Zip Code 07733	Amount of Each Disbursement this Period 46.13
	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.12461
	Mailing Address 23 Main St	Date of Disbursement MM / DD / YYYY 09 / 08 / 2009
	City Holmdel State NJ Zip Code 07733	Amount of Each Disbursement this Period 44.40
	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) Vonage	Transaction ID: SB21B.12479
	Mailing Address 23 Main St	Date of Disbursement MM / DD / YYYY 10 / 08 / 2009
	City Holmdel State NJ Zip Code 07733	Amount of Each Disbursement this Period 42.28
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	132.81
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)

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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.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

Transaction ID: SB21B.13667
Date of Disbursement

Mailing Address PO Box 30966

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

City Raleigh State NC Zip Code 27622

Amount of Each Disbursement this Period

3271.47

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

3271.47

TOTAL This Period (last page this line number only)

54911.86