

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

Americans for Legal Immigration PAC

ADDRESS (number and street) PO Box 30966

Check if different than previously reported. (ACC) Raleigh NC 27622

2. FEC IDENTIFICATION NUMBER CITY STATE ZIPCODE

C00405878

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31

- Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report

(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31

(c) 12-Day Report for the: PRE-Election Primary, General, Runoff, Convention, Special

Election on [] [] [] in the State of []

(d) 30-Day Report for the: Post-Election General, Runoff, Special

Election on [] [] [] in the State of []

5. Covering Period 01 01 2009 through 06 30 2009

I certify that I have examined this Report... Type or Print Name of Treasurer Ms Jane Patterson Signature of Treasurer Electronically Filed by Ms Jane Patterson Date 07 30 2009

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)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Americans for Legal Immigration PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

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	-434.74									
(c) Total Receipts (from Line 19)	57870.33	57870.33								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57435.59	57435.59								
7. Total Disbursements (from Line 31)	56387.51	56387.51								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1048.08	1048.08								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Americans for Legal Immigration PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

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)	21582.00	21582.00
(ii) Unitemized	36088.33	36088.33
(iii) TOTAL (add Lines 11(a)(i) and (ii)	57670.33	57670.33
(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)	57670.33	57670.33
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)	200.00	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))	57870.33	57870.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	57870.33	57870.33

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.....	56137.51	56137.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	56137.51	56137.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	250.00	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))..	56387.51	56387.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56387.51	56387.51

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)	57670.33	57670.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57670.33	57670.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	56137.51	56137.51
37. Offsets to Operating Expenditures (from Line 15, page 3)	200.00	200.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	55937.51	55937.51

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

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

FOR LINE NUMBER: PAGE 6 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Michael Amos
Mailing Address 8455 Laurel Lakes Blvd.
City Naples State FL Zip Code 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 ▼ 500.00
Date of Receipt 01 / 12 / 2009
Transaction ID: SA11AI.10930
Amount of Each Receipt this Period 500.00
C

B. Full Name (Last, First, Middle Initial)
Michael Amos
Mailing Address 8455 Laurel Lakes Blvd.
City Naples State FL Zip Code 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 ▼ 1000.00
Date of Receipt 02 / 06 / 2009
Transaction ID: SA11AI.11032
Amount of Each Receipt this Period 500.00
C

C. Full Name (Last, First, Middle Initial)
Michael Amos
Mailing Address 8455 Laurel Lakes Blvd.
City Naples State FL Zip Code 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 ▼ 1500.00
Date of Receipt 02 / 10 / 2009
Transaction ID: SA11AI.11057
Amount of Each Receipt this Period 500.00
C

SUBTOTAL of Receipts This Page (optional) ► 1500.00
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 7 / 60
	<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

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	Date of Receipt MM / DD / YYYY 02 / 13 / 2009
	Mailing Address 8455 Laurel Lakes Blvd.	Transaction ID: SA11AI.11103
	City State Zip Code Naples FL 34119	Amount of Each Receipt this Period 500.00
	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 ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) Kathryn Bell	Date of Receipt MM / DD / YYYY 02 / 02 / 2009
	Mailing Address 669 Rockledge Ct	Transaction ID: SA11AI.11527
	City State Zip Code Frisco TX 75034	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	k
	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 ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Stephen Bellotti	Date of Receipt MM / DD / YYYY 02 / 13 / 2009
	Mailing Address 1555 Alta Glen Dr, #3	Transaction ID: SA11AI.11120
	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 Jerome A Bellotti & Associates Occupation CPA	
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)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 60
(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)
John J. Bolling

Mailing Address 103 Pineda

City State Zip Code
Huntsville AL 35811

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.11747

Amount of Each Receipt this Period
100.00

k

B.

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

Mailing Address 103 Pineda

City State Zip Code
Huntsville AL 35811

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.11819

Amount of Each Receipt this Period
100.00

k

C.

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

Mailing Address 567 S. Arlington Rd.

City State Zip Code
Orange CA 92869

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

Name of Employer Coolbaugh Masonry, Inc. Occupation Masonry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.10887

Amount of Each Receipt this Period
250.00

C

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 60
	<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) K S Cromer	Date of Receipt MM / DD / YYYY 01 / 16 / 2009
	Mailing Address 4342 Provinceline Rd	Transaction ID: SA11AI.10948
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 100.00
	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	

B.	Full Name (Last, First, Middle Initial) K S Cromer	Date of Receipt MM / DD / YYYY 05 / 04 / 2009
	Mailing Address 4342 Provinceline Rd	Transaction ID: SA11AI.11287
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 100.00
	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 ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) K S Cromer	Date of Receipt MM / DD / YYYY 06 / 18 / 2009
	Mailing Address 4342 Provinceline Rd	Transaction ID: SA11AI.11388
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 200.00
	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 ▼ 600.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 60
(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) Paula DeLuca		Date of Receipt MM / DD / YYYY 02 / 11 / 2009
Mailing Address 25 Nottingham Way		Transaction ID: SA11AI.11075
City Warren	State NJ	Zip Code 07059
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Best Effort	c
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) Gordon Domes		Date of Receipt MM / DD / YYYY 04 / 14 / 2009
Mailing Address 13895 Beck Rd		Transaction ID: SA11AI.11668
City Dallas	State OR	Zip Code 97338
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Best Effort	Occupation Best Effort	k
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) Roberta Filkorn		Date of Receipt MM / DD / YYYY 01 / 29 / 2009
Mailing Address 4406 Falcon Drive		Transaction ID: SA11AI.10272
City Lompoc	State CA	Zip Code 93436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 317.00
Name of Employer Self-Employed	Occupation Sales	p
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 367.00	

SUBTOTAL of Receipts This Page (optional)	▶	867.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 60
	<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	

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) Roberta Filkorn		Date of Receipt
	Mailing Address 4406 Falcon Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 2 / 2 0 0 9
	City	State	Zip Code
	Lompoc	CA	93436
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10306
Name of Employer Self-Employed		Occupation	p
Sales		Amount of Each Receipt this Period	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 500.00	
Aggregate Year-to-Date ▼		<input type="text"/> 867.00	

B.	Full Name (Last, First, Middle Initial) Roberta Filkorn		Date of Receipt
	Mailing Address 4406 Falcon Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 3 / 2 0 0 9
	City	State	Zip Code
	Lompoc	CA	93436
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10382
Name of Employer Self-Employed		Occupation	p
Sales		Amount of Each Receipt this Period	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 100.00	
Aggregate Year-to-Date ▼		<input type="text"/> 967.00	

C.	Full Name (Last, First, Middle Initial) Charles Goodno		Date of Receipt
	Mailing Address P.O. Box 2463		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 4 / 2 0 0 9
	City	State	Zip Code
	Chapel Hill	NC	27515-2463
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11727
Name of Employer Best Effort		Occupation	k
Best Effort		Amount of Each Receipt this Period	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 300.00	
Aggregate Year-to-Date ▼		<input type="text"/> 300.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 900.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 60
	<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

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) Rick Guynn	Date of Receipt MM / DD / YYYY 06 / 18 / 2009
	Mailing Address 200 fiddlers knoll ct.	Transaction ID: SA11AI.10435
	City State Zip Code Kernersville NC 27284	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	p
	Name of Employer Occupation Starr Ele. Inc Helpdesk Admin.	
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) Hessie Harris	Date of Receipt MM / DD / YYYY 02 / 11 / 2009
	Mailing Address 12901 Blue Lane	Transaction ID: SA11AI.11085
	City State Zip Code Silver Springs MD 20906	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	C
	Name of Employer Occupation Compliance, Inc. General Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Hessie Harris	Date of Receipt MM / DD / YYYY 04 / 07 / 2009
	Mailing Address 12901 Blue Lane	Transaction ID: SA11AI.11226
	City State Zip Code Silver Springs MD 20906	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	C
	Name of Employer Occupation Compliance, Inc. General Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 60
	<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) Edward Hartman	Date of Receipt MM / DD / YYYY 02 / 27 / 2009
	Mailing Address 485 Butterfield Place	Transaction ID: SA11AI.11884
	City State Zip Code Moraga CA 94556	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	k
	Name of Employer Best Effort Occupation Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) E. Stanley Hobbs	Date of Receipt MM / DD / YYYY 06 / 03 / 2009
	Mailing Address No Address on Personal Ck No Phone Number	Transaction ID: SA11AI.11781
	City State Zip Code Prescott AZ 86305	Amount of Each Receipt this Period 500.00
	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 ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Faye Joseph	Date of Receipt MM / DD / YYYY 02 / 27 / 2009
	Mailing Address 211 Glasgow Rd	Transaction ID: SA11AI.11595
	City State Zip Code Cary NC 27311	Amount of Each Receipt this Period 500.00
	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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
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 / 60
(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) Gayle Kesselman		Date of Receipt MM / DD / YYYY 02 / 11 / 2009
Mailing Address 519 Hackensack St		Transaction ID: SA11AI.11074
City Carlstadt	State NJ	Zip Code 07072
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer UMDNJ	Occupation Doctor	C
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Gayle Kesselman		Date of Receipt MM / DD / YYYY 02 / 15 / 2009
Mailing Address 519 Hackensack St		Transaction ID: SA11AI.11146
City Carlstadt	State NJ	Zip Code 07072
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer UMDNJ	Occupation Doctor	C
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) Gayle Kesselman		Date of Receipt MM / DD / YYYY 06 / 17 / 2009
Mailing Address 519 Hackensack St		Transaction ID: SA11AI.11387
City Carlstadt	State NJ	Zip Code 07072
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer UMDNJ	Occupation Doctor	C
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

**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 15 / 60
	<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) Walter Kleiner	Date of Receipt MM / DD / YYYY 01 / 23 / 2009
	Mailing Address 1725 89th Place NE	Transaction ID: SA11AI.11466
	City State Zip Code Clude Hill WA 98004	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	k
	Name of Employer Retired Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Walter Kleiner	Date of Receipt MM / DD / YYYY 02 / 17 / 2009
	Mailing Address 1725 89th Place NE	Transaction ID: SA11AI.11559
	City State Zip Code Clude Hill WA 98004	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	k
	Name of Employer Retired Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 350.00		

C.	Full Name (Last, First, Middle Initial) Kwang Lee	Date of Receipt MM / DD / YYYY 02 / 17 / 2009
	Mailing Address PO Box 1239	Transaction ID: SA11AI.11555
	City State Zip Code Neederland TX 77027	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	k
	Name of Employer Self-Employed Occupation M.D.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 300.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 60
	(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

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) Kwang Lee		Date of Receipt MM / DD / YYYY 06 / 03 / 2009
	Mailing Address PO Box 1239		Transaction ID: SA11AI.11790
	City Neederland	State TX	Zip Code 77027
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Self-Employed	Occupation M.D.	k
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

B.	Full Name (Last, First, Middle Initial) Michael Lowther		Date of Receipt MM / DD / YYYY 02 / 03 / 2009
	Mailing Address 4 Carmel Woods		Transaction ID: SA11AI.11012
	City Laguna Niguel	State CA	Zip Code 92677
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer LND Properties	Occupation Manager	c
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Laurie Maines		Date of Receipt MM / DD / YYYY 01 / 08 / 2009
	Mailing Address 218123 Eagle Peak Ave.		Transaction ID: SA11AI.10856
	City Santa Clarita	State CA	Zip Code 91387
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Engineered Lighting Products	Occupation Engineering	C
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)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 60
	<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) Mary McKay	Date of Receipt MM / DD / YYYY 01 / 09 / 2009
	Mailing Address 3104 Bennington Drive	Transaction ID: SA11AI.10904
	City State Zip Code Pasadena TX 77503	Amount of Each Receipt this Period 250.00
	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 ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Michael Pensack	Date of Receipt MM / DD / YYYY 02 / 02 / 2009
	Mailing Address 4901 N. Central Park	Transaction ID: SA11AI.11004
	City State Zip Code Chicago IL 60625-5613	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	C
	Name of Employer Illinois Tenants Union Occupation Attorney	
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) Michael Pensack	Date of Receipt MM / DD / YYYY 05 / 04 / 2009
	Mailing Address 4901 N. Central Park	Transaction ID: SA11AI.11281
	City State Zip Code Chicago IL 60625-5613	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	C
	Name of Employer Illinois Tenants Union Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 60
(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)
Richard Reamer

Mailing Address 1902 Ardenwood Ter

City State Zip Code
Crofton MD 21114-1701

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

Name of Employer Service Power Occupation Computer Software

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 06 / 03 / 2009

Transaction ID: SA11AI.11802

Amount of Each Receipt this Period: 75.00

k

B.

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

Mailing Address 1902 Ardenwood Ter

City State Zip Code
Crofton MD 21114-1701

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

Name of Employer Service Power Occupation Computer Software

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt: 06 / 18 / 2009

Transaction ID: SA11AI.11817

Amount of Each Receipt this Period: 40.00

k

C.

Full Name (Last, First, Middle Initial)
Peter Schaeffer

Mailing Address 2918 E. Autumn Run Circle

City State Zip Code
Sugar Land TX 77479

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

Name of Employer Self-Employed Occupation Best Effort

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 05 / 18 / 2009

Transaction ID: SA11AI.11844

Amount of Each Receipt this Period: 5000.00

D

SUBTOTAL of Receipts This Page (optional) ► **5115.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 60
	<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	

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) Ryan Stanford		Date of Receipt
	Mailing Address 1840 Rose Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 04 / 2009
	City	State	Zip Code
	San Marino	CA	91108
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11278
Name of Employer Self-Employed		Occupation Web Design	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Dexter Stuckey		Date of Receipt
	Mailing Address 3750 Hemingway Hwy.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 01 / 08 / 2009
	City	State	Zip Code
	Stuckey	SC	29554
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10795
Name of Employer Stuckey Furniture		Occupation Owner	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

C.	Full Name (Last, First, Middle Initial) Elizabeth Van Staaveren		Date of Receipt
	Mailing Address 1008 NW Cascade Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 01 / 12 / 2009
	City	State	Zip Code
	McMinnville	OR	97128
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11447
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 5550.00
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 20 / 60	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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) Francine Verbarg		Date of Receipt	
Mailing Address 31 Montclair		M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 9	
City Irvine	State CA	Zip Code 92602	Transaction ID: SA11AI.10978
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Homemaker	Occupation Homemaker	C	
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)	300.00
TOTAL This Period (last page this line number only)	21582.00

**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

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) American Airlines	Transaction ID: SB21B.10495 Date of Disbursement 01 / 16 / 2009
	Mailing Address 4333 Amon Carter Boulevard 817.963.1234	Amount of Each Disbursement this Period 290.40
	City Fort Worth State TX Zip Code 76155	
	Purpose of Disbursement Travel Airline Passage	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Authorize Net Corporation	Transaction ID: SB21B.10516 Date of Disbursement 02 / 03 / 2009
	Mailing Address 915 S. 500 E. Ste. 200	Amount of Each Disbursement this Period 192.02
	City American Fork State VT Zip Code 84003	
	Purpose of Disbursement Credit Card Fees	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Authorize Net Corporation	Transaction ID: SB21B.10595 Date of Disbursement 03 / 03 / 2009
	Mailing Address 915 S. 500 E. Ste. 200	Amount of Each Disbursement this Period 138.19
	City American Fork State VT Zip Code 84003	
	Purpose of Disbursement Credit Card Fees	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	620.61
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 60

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

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

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

<p>A. 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 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.10629 Date of Disbursement 04 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 112.34</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 Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.10672 Date of Disbursement 05 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 39.98</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 Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.10697 Date of Disbursement 06 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 85.35</p>

SUBTOTAL of Disbursements This Page (optional) ▶

237.67

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

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

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

FOR LINE NUMBER:
(check only one)

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

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) Belk Crabtree Valley Mall	Transaction ID: SB21B.10534 Date of Disbursement
	Mailing Address 4325 Glenwood Ave	<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City Raleigh State NC Zip Code 27612	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense Event Attire	<input type="text" value="875.25"/>
	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) Branch Banking and Trust	Transaction ID: SB21B.10538 Date of Disbursement
	Mailing Address 4409 Creedmore Rd.	<input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Raleigh State NC Zip Code 27612	Amount of Each Disbursement this Period
	Purpose of Disbursement ATM transaction and fee Cab Fare and Meals	<input type="text" value="204.50"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Branch Banking and Trust	Transaction ID: SB21B.10558 Date of Disbursement
	Mailing Address 4409 Creedmore Rd.	<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Raleigh State NC Zip Code 27612	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge	<input type="text" value="66.00"/>
	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="1145.75"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Branch Banking and Trust Mailing Address 4409 Creedmore Rd. City Raleigh State NC Zip Code 27612 Purpose of Disbursement ATM 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.10559 Date of Disbursement 02 / 23 / 2009 Amount of Each Disbursement this Period 2.00
B.	Full Name (Last, First, Middle Initial) Branch Banking and Trust Mailing Address 4409 Creedmore Rd. City Raleigh State NC Zip Code 27612 Purpose of Disbursement ATM Transaction Rental Fee for Event Location 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.10562 Date of Disbursement 02 / 23 / 2009 Amount of Each Disbursement this Period 303.00
C.	Full Name (Last, First, Middle Initial) Branch Banking and Trust Mailing Address 4409 Creedmore Rd. City Raleigh State NC Zip Code 27612 Purpose of Disbursement ATM 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.10727 Date of Disbursement 02 / 23 / 2009 Amount of Each Disbursement this Period 2.00

SUBTOTAL of Disbursements This Page (optional) ▶

307.00

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

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) Branch Banking and Trust	Transaction ID: SB21B.10622 Date of Disbursement
	Mailing Address 4409 Creedmore Rd.	<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Raleigh State NC Zip Code 27612	Amount of Each Disbursement this Period
	Purpose of Disbursement Service Charge Candidate Name	<input type="text" value="31.45"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Branch Banking and Trust	Transaction ID: SB21B.10657 Date of Disbursement
	Mailing Address 4409 Creedmore Rd.	<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City Raleigh State NC Zip Code 27612	Amount of Each Disbursement this Period
	Purpose of Disbursement Service Fee Candidate Name	<input type="text" value="70.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Branch Banking and Trust	Transaction ID: SB21B.10680 Date of Disbursement
	Mailing Address 4409 Creedmore Rd.	<input type="text" value="05"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City Raleigh State NC Zip Code 27612	Amount of Each Disbursement this Period
	Purpose of Disbursement Service Fee Candidate Name	<input type="text" value="70.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="171.45"/>
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

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) Branch Banking and Trust Mailing Address 4409 Creedmore Rd. City Raleigh State NC Zip Code 27612 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.10720 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 15.00 Category/Type

B. Full Name (Last, First, Middle Initial) Constant Contact Mailing Address 1601 Trapelo Road, Suite 329 866-289-2101 City Waltham State MA Zip Code 02451 Purpose of Disbursement e-Mail service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10507 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 150.00 Category/Type

C. Full Name (Last, First, Middle Initial) Constant Contact Mailing Address 1601 Trapelo Road, Suite 329 866-289-2101 City Waltham State MA Zip Code 02451 Purpose of Disbursement e-mail Service 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.10593 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 150.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	315.00
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)

PAGE 27 / 60

<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. Constant Contact	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.10628																					
	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>4</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	4		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		0	2		2	0	0	9														
City Waltham State MA Zip Code 02451		Amount of Each Disbursement this Period																					
Purpose of Disbursement E-Mail Service		<table border="1"> <tr> <td colspan="10">150.00</td> </tr> </table>		150.00																			
150.00																							
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																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

B. Constant Contact	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.10668																					
	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>5</td><td></td><td>0</td><td>4</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	5		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	4		2	0	0	9														
City Waltham State MA Zip Code 02451		Amount of Each Disbursement this Period																					
Purpose of Disbursement e-Mail Service		<table border="1"> <tr> <td colspan="10">350.00</td> </tr> </table>		350.00																			
350.00																							
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																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

C. Constant Contact	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.10695																					
	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>6</td><td></td><td>1</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	6		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	0		2	0	0	9														
City Waltham State MA Zip Code 02451		Amount of Each Disbursement this Period																					
Purpose of Disbursement E-mail Service		<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>		250.00																			
250.00																							
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																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)	▶	750.00
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 28 / 60

<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) Cooksey Printing	Transaction ID: SB21B.10528 Date of Disbursement 02 / 13 / 2009
	Mailing Address 1920 Wenneca	Amount of Each Disbursement this Period 787.52
	City Ft. Worth State TX Zip Code 76102	
	Purpose of Disbursement Printing	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Cornerstone American	Transaction ID: SB21B.10670 Date of Disbursement 05 / 04 / 2009
	Mailing Address 12600 Deerfield Pkwy. Ste 375	Amount of Each Disbursement this Period 41.35
	City Alphareta State GA Zip Code 30004	
	Purpose of Disbursement Credit Card Fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Cornerstone American	Transaction ID: SB21B.10699 Date of Disbursement 06 / 02 / 2009
	Mailing Address 12600 Deerfield Pkwy. Ste 375	Amount of Each Disbursement this Period 45.20
	City Alphareta State GA Zip Code 30004	
	Purpose of Disbursement Credit Card Processing Fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	874.07
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

<p>A. Full Name (Last, First, Middle Initial) Corporate Payroll Service</p> <p>Mailing Address 1000 Miller Court West</p> <p>City Norcross State GA Zip Code 30071</p> <p>Purpose of Disbursement Payroll Taxes</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.10481 Date of Disbursement 01 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 1413.58</p>
<p>B. Full Name (Last, First, Middle Initial) Corporate Payroll Service</p> <p>Mailing Address 1000 Miller Court West</p> <p>City Norcross State GA Zip Code 30071</p> <p>Purpose of Disbursement Payroll Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.10482 Date of Disbursement 01 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 56.86</p>
<p>C. Full Name (Last, First, Middle Initial) Corporate Payroll Service</p> <p>Mailing Address 1000 Miller Court West</p> <p>City Norcross State GA Zip Code 30071</p> <p>Purpose of Disbursement Payroll Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.10503 Date of Disbursement 01 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 141.50</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1611.94

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)

<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 Mailing Address 1000 Miller Court West City Norcross State GA Zip Code 30071 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.10523 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1405.58 Category/Type

B. Full Name (Last, First, Middle Initial) Corporate Payroll Service Mailing Address 1000 Miller Court West City Norcross State GA Zip Code 30071 Purpose of Disbursement Payroll Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.10524 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 56.86 Category/Type

C. Full Name (Last, First, Middle Initial) Corporate Payroll Service Mailing Address 1000 Miller Court West City Norcross State GA Zip Code 30071 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.10607 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1413.75 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	2876.19
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) Corporate Payroll Service Mailing Address 1000 Miller Court West City Norcross State GA Zip Code 30071 Purpose of Disbursement Payroll Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.10608 Date of Disbursement MM / DD / YYYY 03 / 09 / 2009
	Amount of Each Disbursement this Period 56.86 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Corporate Payroll Service Mailing Address 1000 Miller Court West City Norcross State GA Zip Code 30071 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.10641 Date of Disbursement MM / DD / YYYY 04 / 08 / 2009
	Amount of Each Disbursement this Period 1413.75 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Corporate Payroll Service Mailing Address 1000 Miller Court West City Norcross State GA Zip Code 30071 Purpose of Disbursement Payroll Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.10642 Date of Disbursement MM / DD / YYYY 04 / 08 / 2009
	Amount of Each Disbursement this Period 58.36 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1528.97
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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Corporate Payroll Service</p> <p>Mailing Address 1000 Miller Court West</p> <p>City Norcross State GA Zip Code 30071</p> <p>Purpose of Disbursement Payroll Tax</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.10678</p> <p>Date of Disbursement 05 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 1398.15</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Corporate Payroll Service</p> <p>Mailing Address 1000 Miller Court West</p> <p>City Norcross State GA Zip Code 30071</p> <p>Purpose of Disbursement Payroll Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.10679</p> <p>Date of Disbursement 05 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 56.86</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Corporate Payroll Service</p> <p>Mailing Address 1000 Miller Court West</p> <p>City Norcross State GA Zip Code 30071</p> <p>Purpose of Disbursement Payroll Taxes</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.10703</p> <p>Date of Disbursement 06 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 1363.35</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2818.36

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)

<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.10704 Date of Disbursement
	Mailing Address 1000 Miller Court West	<input type="text" value="06"/> / <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="56.86"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) CP Communications	Transaction ID: SB21B.10560 Date of Disbursement
	Mailing Address 2521 N Ontario St	<input type="text" value="02"/> / <input type="text" value="23"/> / <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="375.00"/>
	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.10649 Date of Disbursement
	Mailing Address 2521 N Ontario St	<input type="text" value="04"/> / <input type="text" value="13"/> / <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="881.86"/>
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

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Discover Network</p> <p>Mailing Address PO Box 3022</p> <p>City New Albany State OH Zip Code 43052</p> <p>Purpose of Disbursement Credit Card 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.10631</p> <p>Date of Disbursement 04 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 58.25</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Discover Network</p> <p>Mailing Address PO Box 3022</p> <p>City New Albany State OH Zip Code 43052</p> <p>Purpose of Disbursement Credit Card 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.10669</p> <p>Date of Disbursement 05 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 58.98</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Discover Network</p> <p>Mailing Address PO Box 3022</p> <p>City New Albany State OH Zip Code 43052</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.10698</p> <p>Date of Disbursement 06 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 61.97</p>

SUBTOTAL of Disbursements This Page (optional) ▶

179.20

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) Dotster Inc. <hr/> Mailing Address PO Box 821066 <hr/> City Vancouver State WA Zip Code 98682 <hr/> Purpose of Disbursement Domain Registration Candidate Name	Transaction ID: SB21B.10504 Date of Disbursement MM / DD / YYYY 01 / 26 / 2009
	Amount of Each Disbursement this Period 154.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

B. Full Name (Last, First, Middle Initial) Dotster Inc. <hr/> Mailing Address PO Box 821066 <hr/> City Vancouver State WA Zip Code 98682 <hr/> Purpose of Disbursement Domain Registration Fees Candidate Name	Transaction ID: SB21B.10521 Date of Disbursement MM / DD / YYYY 02 / 06 / 2009
	Amount of Each Disbursement this Period 67.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

C. Full Name (Last, First, Middle Initial) Dotster Inc. <hr/> Mailing Address PO Box 821066 <hr/> City Vancouver State WA Zip Code 98682 <hr/> Purpose of Disbursement Domain Registration Fees Candidate Name	Transaction ID: SB21B.10547 Date of Disbursement MM / DD / YYYY 02 / 20 / 2009
	Amount of Each Disbursement this Period 31.90
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	254.50
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

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Dotster Inc.</p> <p>Mailing Address PO Box 821066</p> <p>City Vancouver State WA Zip Code 98682</p> <p>Purpose of Disbursement Domain Registration 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.10552</p> <p>Date of Disbursement MM / DD / YYYY 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 95.70</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 Credit Card 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.10600</p> <p>Date of Disbursement MM / DD / YYYY 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 31.90</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 Domain Registration</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.10606</p> <p>Date of Disbursement MM / DD / YYYY 03 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 83.40</p>

SUBTOTAL of Disbursements This Page (optional)	211.00
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

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) Dotster Inc.	Transaction ID: SB21B.10616 Date of Disbursement
	Mailing Address PO Box 821066	<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Vancouver State WA Zip Code 98682	Amount of Each Disbursement this Period
	Purpose of Disbursement Domain Registration	<input type="text" value="47.85"/>
	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) Dotster Inc.	Transaction ID: SB21B.10636 Date of Disbursement
	Mailing Address PO Box 821066	<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City Vancouver State WA Zip Code 98682	Amount of Each Disbursement this Period
	Purpose of Disbursement Domain Registration Fees	<input type="text" value="63.80"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Dotster Inc.	Transaction ID: SB21B.10677 Date of Disbursement
	Mailing Address PO Box 821066	<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Vancouver State WA Zip Code 98682	Amount of Each Disbursement this Period
	Purpose of Disbursement Domain Registration	<input type="text" value="15.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="127.60"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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) Embarq	Transaction ID: SB21B.10661
	Mailing Address PO Box 96064	Date of Disbursement 04 / 15 / 2009
	City Charlotte State NC Zip Code 28296	Amount of Each Disbursement this Period 53.49
	Purpose of Disbursement Internet Service	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.10684
	Mailing Address PO Box 96064	Date of Disbursement 05 / 15 / 2009
	City Charlotte State NC Zip Code 28296	Amount of Each Disbursement this Period 50.04
	Purpose of Disbursement Internet Service	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) Embarq	Transaction ID: SB21B.10728
	Mailing Address PO Box 96064	Date of Disbursement 06 / 15 / 2009
	City Charlotte State NC Zip Code 28296	Amount of Each Disbursement this Period 50.04
	Purpose of Disbursement Internet Service	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)	153.57
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

<p>A. Full Name (Last, First, Middle Initial) Hilton Hotels Corporate</p> <p>Mailing Address 9336 Civic Center Dr</p> <p>City Beverly Hills State CA Zip Code 90210</p> <p>Purpose of Disbursement Travel Exp. Lodging</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.10548</p> <p>Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 366.68</p>
<p>B. Full Name (Last, First, Middle Initial) Marriot Corporate Headquarters Marriott International</p> <p>Mailing Address 10400 Fernwood Road</p> <p>City Bethesda State MD Zip Code 20817</p> <p>Purpose of Disbursement Lodging Travel Expense</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.10589</p> <p>Date of Disbursement 02 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1506.05</p>
<p>C. Full Name (Last, First, Middle Initial) Mass Media Distribution</p> <p>Mailing Address 12693 Tamiami Trl. E. # 222</p> <p>City Naples State FL Zip Code 34113</p> <p>Purpose of Disbursement Press Release</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.10537</p> <p>Date of Disbursement 02 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 199.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2071.73

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

<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 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.10626 Date of Disbursement: MM / DD / YYYY 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 199.00</p>
<p>B. Full Name (Last, First, Middle Initial) Mass Media Distribution</p> <p>Mailing Address 12693 Tamiami Trl. E. # 222</p> <p>City Naples State FL Zip Code 34113</p> <p>Purpose of Disbursement Press Release</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.10633 Date of Disbursement: MM / DD / YYYY 04 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 199.00</p>
<p>C. Full Name (Last, First, Middle Initial) Mass Media Distribution</p> <p>Mailing Address 12693 Tamiami Trl. E. # 222</p> <p>City Naples State FL Zip Code 34113</p> <p>Purpose of Disbursement Press Release</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.10659 Date of Disbursement: MM / DD / YYYY 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 199.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

597.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Mass Media Distribution</p> <p>Mailing Address 12693 Tamiami Trl. E. # 222</p> <p>City Naples State FL Zip Code 34113</p> <p>Purpose of Disbursement Press Release</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.10666 Date of Disbursement 04 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 199.00</p>
<p>B. Full Name (Last, First, Middle Initial) Mass Media Distribution</p> <p>Mailing Address 12693 Tamiami Trl. E. # 222</p> <p>City Naples State FL Zip Code 34113</p> <p>Purpose of Disbursement Press Release 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.10711 Date of Disbursement 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 199.00</p>
<p>C. Full Name (Last, First, Middle Initial) Mass Media Distribution</p> <p>Mailing Address 12693 Tamiami Trl. E. # 222</p> <p>City Naples State FL Zip Code 34113</p> <p>Purpose of Disbursement Press Release</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.10717 Date of Disbursement 06 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 199.00</p>

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

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

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

FOR LINE NUMBER: (check only one)

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

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) Newsmax Media Inc.	Transaction ID: SB21B.10617 Date of Disbursement 03 / 17 / 2009
	Mailing Address 560 Village Boulevard, Suite 120 www.newsmax.com	Amount of Each Disbursement this Period 1000.00
	City West Palm Beach State FL Zip Code 33409	
	Purpose of Disbursement Advertising	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) Jim Palmer	Transaction ID: SB21B.10498 Date of Disbursement 01 / 16 / 2009
	Mailing Address PO Box 30966	Amount of Each Disbursement this Period 500.00
	City Raleigh State NC Zip Code 27622-0966	
	Purpose of Disbursement Salary	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) Jim Palmer	Transaction ID: SB21B.10533 Date of Disbursement 02 / 17 / 2009
	Mailing Address PO Box 30966	Amount of Each Disbursement this Period 500.00
	City Raleigh State NC Zip Code 27622-0966	
	Purpose of Disbursement Salary	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)	2000.00
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

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) Jim Palmer <hr/> Mailing Address PO Box 30966 <hr/> City Raleigh State NC Zip Code 27622-0966 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10610 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 600.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Jim Palmer <hr/> Mailing Address PO Box 30966 <hr/> City Raleigh State NC Zip Code 27622-0966 <hr/> Purpose of Disbursement Salary 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.10654 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 600.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Jim Palmer <hr/> Mailing Address PO Box 30966 <hr/> City Raleigh State NC Zip Code 27622-0966 <hr/> Purpose of Disbursement Salary 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.10690 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 600.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1800.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 44 / 60

<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) Ms Jane Patterson	Transaction ID: SB21B.10494 Date of Disbursement 01 / 14 / 2009
	Mailing Address PO Box 30966	Amount of Each Disbursement this Period 461.75
	City Raleigh State NC Zip Code 27622-0966	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms Jane Patterson	Transaction ID: SB21B.10506 Date of Disbursement 02 / 02 / 2009
	Mailing Address PO Box 30966	Amount of Each Disbursement this Period 540.80
	City Raleigh State NC Zip Code 27622-0966	
	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.10525 Date of Disbursement 02 / 10 / 2009
	Mailing Address PO Box 30966	Amount of Each Disbursement this Period 461.75
	City Raleigh State NC Zip Code 27622-0966	
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1464.30
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)

<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) Ms Jane Patterson	Transaction ID: SB21B.10526 Date of Disbursement 02 / 10 / 2009
	Mailing Address PO Box 30966	
	City Raleigh State NC Zip Code 27622-0966	Amount of Each Disbursement this Period 1412.10
	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) Office Depot	Transaction ID: SB21B.10526.0 Date of Disbursement 02 / 02 / 2009
	Mailing Address 401 Carroll	
	City Ft. Worth State TX Zip Code 76107	Amount of Each Disbursement this Period 740.16
	Purpose of Disbursement Office Supplies 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) Office Depot	Transaction ID: SB21B.10526.1 Date of Disbursement 02 / 03 / 2009
	Mailing Address 401 Carroll	
	City Ft. Worth State TX Zip Code 76107	Amount of Each Disbursement this Period 672.00
	Purpose of Disbursement Postage 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)	▶	1412.10
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) Ms Jane Patterson	Transaction ID: SB21B.10602
	Mailing Address PO Box 30966	Date of Disbursement MM / DD / YYYY 03 / 06 / 2009
	City Raleigh State NC Zip Code 27622-0966	Amount of Each Disbursement this Period 554.10
	Purpose of Disbursement Payroll	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) Ms Jane Patterson	Transaction ID: SB21B.10621
	Mailing Address PO Box 30966	Date of Disbursement MM / DD / YYYY 03 / 19 / 2009
	City Raleigh State NC Zip Code 27622-0966	Amount of Each Disbursement this Period 401.80
	Purpose of Disbursement Reimbursement	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) Staples Inc.	Transaction ID: SB21B.10621.1
	Mailing Address 500 Staples Dr	Date of Disbursement MM / DD / YYYY 02 / 19 / 2009
	City Framingham State MA Zip Code 01702	Amount of Each Disbursement this Period 290.63
	Purpose of Disbursement	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:	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	▶	955.90
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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) Office Depot	Transaction ID: SB21B.10621.2 Date of Disbursement
	Mailing Address 401 Carroll	<input type="text" value="02"/> <input type="text" value="19"/> <input type="text" value="2009"/>
	City Ft. Worth State TX Zip Code 76107	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies	<input type="text" value="62.75"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input 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.10621.3 Date of Disbursement
	Mailing Address PO Box 30966	<input type="text" value="03"/> <input type="text" value="19"/> <input type="text" value="2009"/>
	City Raleigh State NC Zip Code 27622-0966	Amount of Each Disbursement this Period
	Purpose of Disbursement Deducted Overpay for Postage Office Depot 2/10/09 Reimbursement	<input type="text" value="-120.00"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input 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.10639 Date of Disbursement
	Mailing Address PO Box 30966	<input type="text" value="04"/> <input type="text" value="07"/> <input type="text" value="2009"/>
	City Raleigh State NC Zip Code 27622-0966	Amount of Each Disbursement this Period
	Purpose of Disbursement Reimbursement	<input type="text" value="1177.45"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input 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="1177.45"/>
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

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) Office Depot Mailing Address 401 Carroll City Ft. Worth State TX Zip Code 76107 Purpose of Disbursement Office Supplies and Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.10639.0 Date of Disbursement 03 / 17 / 2009
	Amount of Each Disbursement this Period 505.45 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) US Postal Service Mailing Address 4325 Glenwood Ave. City Raleigh State NC Zip Code 27612 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.10639.1 Date of Disbursement 03 / 23 / 2009
	Amount of Each Disbursement this Period 672.00 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) Ms Jane Patterson Mailing Address PO Box 30966 City Raleigh State NC Zip Code 27622-0966 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.10644 Date of Disbursement 04 / 13 / 2009
	Amount of Each Disbursement this Period 554.10

SUBTOTAL of Disbursements This Page (optional) ▶	554.10
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 49 / 60

<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) Ms Jane Patterson Mailing Address PO Box 30966 City Raleigh State NC Zip Code 27622-0966 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10689 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 9	Amount of Each Disbursement this Period 554.10
B.	Full Name (Last, First, Middle Initial) PayPal Mailing Address 2145 Hamilton Avenue City San Jose State CA Zip Code 95125 Purpose of Disbursement Credit Card Processing Fees 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.10735 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 9	Amount of Each Disbursement this Period 44.95
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 Processing Fees 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.10736 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9	Amount of Each Disbursement this Period 24.78

SUBTOTAL of Disbursements This Page (optional)	623.83
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) Rackspace Managed Hosting	Transaction ID: SB21B.10485 Date of Disbursement
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Service	<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.10527 Date of Disbursement
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Service	<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.10611 Date of Disbursement
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Service	<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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1560.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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) Rackspace Managed Hosting	Transaction ID: SB21B.10647 Date of Disbursement
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	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.10683 Date of Disbursement
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	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) Sage Payments Solutions	Transaction ID: SB21B.10986 Date of Disbursement
	Mailing Address 1750 Old Meadow Rd. #300	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Mclean State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="178.68"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1218.68"/>
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

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) Sage Payments Solutions	Transaction ID: SB21B.10987 Date of Disbursement
	Mailing Address 1750 Old Meadow Rd. #300	<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Mclean State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="8.71"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sage Payments Solutions	Transaction ID: SB21B.10988 Date of Disbursement
	Mailing Address 1750 Old Meadow Rd. #300	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Mclean State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="12.87"/>
	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.10989 Date of Disbursement
	Mailing Address 1750 Old Meadow Rd. #300	<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Mclean State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="80.41"/>
	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="101.99"/>
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

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

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

<p>A. 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 Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.10990</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="38.57"/></p>
<p>B. Full Name (Last, First, Middle Initial) Staples Inc.</p> <p>Mailing Address 500 Staples Dr</p> <p>City Framingham State MA Zip Code 01702</p> <p>Purpose of Disbursement Printing</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.10663</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="32.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Target Corporation Retail</p> <p>Mailing Address 1000 Nicollet Mall Minneapolis 612-304-6073</p> <p>City Minneapolis State MN Zip Code 55403</p> <p>Purpose of Disbursement Office Equipment Digital Camera</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.10499</p> <p>Date of Disbursement</p> <p><input type="text" value="01"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="240.17"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

<p>A. 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 Camera Memory Cards</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.10655 Date of Disbursement 04 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 80.22</p>
<p>B. Full Name (Last, First, Middle Initial) Time Warner Cable</p> <p>Mailing Address 2505 Atlantic Ave. Ste. 101</p> <p>City Raleigh State NC Zip Code 27604</p> <p>Purpose of Disbursement Broadband Cable</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.10530 Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 142.03</p>
<p>C. Full Name (Last, First, Middle Initial) Time Warner Cable</p> <p>Mailing Address 2505 Atlantic Ave. Ste. 101</p> <p>City Raleigh State NC Zip Code 27604</p> <p>Purpose of Disbursement 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.10613 Date of Disbursement 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 133.50</p>

SUBTOTAL of Disbursements This Page (optional) ▶

355.75

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

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) Time Warner Cable Mailing Address 2505 Atlantic Ave. Ste. 101 City Raleigh State NC Zip Code 27604 Purpose of Disbursement Broadband Cable 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.10651 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 142.04 Category/Type

B. Full Name (Last, First, Middle Initial) Time Warner Cable Mailing Address 2505 Atlantic Ave. Ste. 101 City Raleigh State NC Zip Code 27604 Purpose of Disbursement Broadband Cable 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.10685 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 142.04 Category/Type

C. Full Name (Last, First, Middle Initial) Time Warner Cable Mailing Address 2505 Atlantic Ave. Ste. 101 City Raleigh State NC Zip Code 27604 Purpose of Disbursement Broadband Cable 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.10713 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 142.04 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	426.12
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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) US Postal Service Mailing Address 4325 Glenwood Ave. City Raleigh State NC Zip Code 27612 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.10722 Date of Disbursement MM / DD / YYYY 06 / 29 / 2009
	Amount of Each Disbursement this Period 38.34 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address 1 Verizon Way (800)214-3555 City Basking Ridge State NJ Zip Code 07920-1025 Purpose of Disbursement Wireless Service and Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.10718 Date of Disbursement MM / DD / YYYY 06 / 18 / 2009
	Amount of Each Disbursement this Period 261.48 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Victorious Living Publish House Mailing Address 1104 Sandrock Land City Wendell State NC Zip Code 27591 Purpose of Disbursement Media Booking Svc Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.10686 Date of Disbursement MM / DD / YYYY 05 / 22 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1299.82
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

<p>A. Full Name (Last, First, Middle Initial) Vonage</p> <p>Mailing Address 23 Main St</p> <p>City Holmdel State NJ Zip Code 07733</p> <p>Purpose of Disbursement Telephone Svc 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.10675 Date of Disbursement 05 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 48.40</p>
<p>B. Full Name (Last, First, Middle Initial) Vonage</p> <p>Mailing Address 23 Main St</p> <p>City Holmdel State NJ Zip Code 07733</p> <p>Purpose of Disbursement Telephone Service 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.10705 Date of Disbursement 06 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 40.34</p>
<p>C. Full Name (Last, First, Middle Initial) William Gheen</p> <p>Mailing Address PO Box 30966</p> <p>City Raleigh State NC Zip Code 27622</p> <p>Purpose of Disbursement Salary 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.10484 Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 3067.02</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3155.76

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

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

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

FOR LINE NUMBER:
(check only one)

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

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) William Gheen	Transaction ID: SB21B.10532
	Mailing Address PO Box 30966	Date of Disbursement MM / DD / YYYY 02 / 17 / 2009
	City Raleigh State NC Zip Code 27622	Amount of Each Disbursement this Period 3067.02
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) William Gheen	Transaction ID: SB21B.10605
	Mailing Address PO Box 30966	Date of Disbursement MM / DD / YYYY 03 / 09 / 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) ▼

C.	Full Name (Last, First, Middle Initial) William Gheen	Transaction ID: SB21B.10653
	Mailing Address PO Box 30966	Date of Disbursement MM / DD / YYYY 04 / 14 / 2009
	City Raleigh State NC Zip Code 27622	Amount of Each Disbursement this Period 3271.47
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	9609.96
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 59 / 60

<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)
William Gheen

Transaction ID: SB21B.10681
Date of Disbursement

Mailing Address PO Box 30966

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

City Raleigh State NC Zip Code 27622

Amount of Each Disbursement this Period

3271.47

Purpose of Disbursement
Salary

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

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

Transaction ID: SB21B.10721
Date of Disbursement

Mailing Address PO Box 30966

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	0	9

City Raleigh State NC Zip Code 27622

Amount of Each Disbursement this Period

3271.47

Purpose of Disbursement
Salary

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

6542.94

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

52899.91

**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 60 / 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
WALTER B JONES

Transaction ID: SB23.10708

Date of Disbursement

Mailing Address PO BOX 668

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	0	9

City FARMVILLE State NC Zip Code 27828

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Donation to Candidate

--

Candidate Name
WALTER B JONES

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 03

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00
