

**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

Immigrants' List

ADDRESS (number and street)

1555 Connecticut, NW

Suite 200

☐Check if different
than previously
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00430280

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☒July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2011

through

06

30

2011

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

Type or Print Name of Treasurer

Mr Ira Kurzban

Signature of Treasurer

Electronically Filed by Mr Ira Kurzban

Date

07

29

2011

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

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Immigrants' List

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 | 2011 | 1629.83 |
| (b) Cash on Hand at Beginning of Reporting Period | 1629.83 | |
| (c) Total Receipts (from Line 19) | 31016.00 | 31016.00 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 32645.83 | 32645.83 |
| 7. Total Disbursements (from Line 31) | 29547.33 | 29547.33 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 3098.50 | 3098.50 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Immigrants' List

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

| 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) | 24260.00 | 72726.56 |
| (ii) Unitemized | 5756.00 | 19383.25 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 30016.00 | 30016.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 1000.00 | 1000.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 31016.00 | 31016.00 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total 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)) | 31016.00 | 31016.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 31016.00 | 31016.00 |

| 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..... | 27925.23 | 27925.23 | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤ | 27925.23 | 27925.23 | |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 | |
| 24. Independent Expenditure (use Schedule E) | 651.00 | 651.00 | |
| 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..... | 971.10 | 971.10 | |
| 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)).. | 29547.33 | 29547.33 | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 29547.33 | 29547.33 | |

| 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) | 31016.00 | 31016.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 31016.00 | 31016.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 27925.23 | 27925.23 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 27925.23 | 27925.23 |

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

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

FOR LINE NUMBER: PAGE 6 / 53

(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)

Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Royal Berg

Mailing Address 33 N. La Salle Street
Suite 2300

City State Zip Code
Chicago IL 60602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: C6226087

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Royal Berg

Mailing Address 33 N. La Salle Street
Suite 2300

City State Zip Code
Chicago IL 60602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: C6226088

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Royal Berg

Mailing Address 33 N. La Salle Street
Suite 2300

City State Zip Code
Chicago IL 60602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: C6226083

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Royal Berg

Mailing Address 33 N. La Salle Street
Suite 2300

City State Zip Code
Chicago IL 60602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: C6226075

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Royal Berg

Mailing Address 33 N. La Salle Street
Suite 2300

City State Zip Code
Chicago IL 60602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: C6226073

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Royal Berg

Mailing Address 33 N. La Salle Street
Suite 2300

City State Zip Code
Chicago IL 60602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 1 1

Transaction ID: C6226071

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Daryl Buffenstein

Mailing Address 600 Peachtree St. Suite 2400

City State Zip Code
 Atlanta GA 30308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paul, Hastings, Janofsky &
Walker LLP

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C6661876

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Boyd F Campbell

Mailing Address 2827 Fernway Drive

City State Zip Code
 Montgomery AL 36111-1703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Immigration Law Center,
LLC

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C6113117

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Boyd F Campbell

Mailing Address 2827 Fernway Drive

City State Zip Code
 Montgomery AL 36111-1703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Immigration Law Center,
LLC

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C6202804

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Boyd F Campbell

Mailing Address 2827 Fernway Drive

City

Montgomery

State

AL

Zip Code

36111-1703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Immigration Law Center,
LLC

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C6282704

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Boyd F Campbell

Mailing Address 2827 Fernway Drive

City

Montgomery

State

AL

Zip Code

36111-1703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Immigration Law Center,
LLC

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C6347254

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Boyd F Campbell

Mailing Address 2827 Fernway Drive

City

Montgomery

State

AL

Zip Code

36111-1703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Immigration Law Center,
LLC

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C6518033

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Boyd F Campbell

Mailing Address 2827 Fernway Drive

City

Montgomery

State

AL

Zip Code

36111-1703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Immigration Law Center,
LLC

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C6552956

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Cory Caouette

Mailing Address 13312 Tireaton Rd

City

San Diego

State

CA

Zip Code

92130

FEC ID number of contributing
federal political committee.

C

Name of Employer
BSIS

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C6095644

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Cory Caouette

Mailing Address 13312 Tireaton Rd

City

San Diego

State

CA

Zip Code

92130

FEC ID number of contributing
federal political committee.

C

Name of Employer
BSIS

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C6193800

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Cory Caouette

Mailing Address 13312 Tireaton Rd

City

San Diego

State

CA

Zip Code

92130

FEC ID number of contributing
federal political committee.

C

Name of Employer
BSIS

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C6226063

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Cory Caouette

Mailing Address 13312 Tireaton Rd

City

San Diego

State

CA

Zip Code

92130

FEC ID number of contributing
federal political committee.

C

Name of Employer
BSIS

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 1 1

Transaction ID: C6234760

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Cory Caouette

Mailing Address 13312 Tireaton Rd

City

San Diego

State

CA

Zip Code

92130

FEC ID number of contributing
federal political committee.

C

Name of Employer
BSIS

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 1

Transaction ID: C6341345

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

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 12 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Cory Caouette

Mailing Address 13312 Tireaton Rd

City

San Diego

State

CA

Zip Code

92130

FEC ID number of contributing
federal political committee.

C

Name of Employer
BSISOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 1 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: C6502536

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Cory Caouette

Mailing Address 13312 Tireaton Rd

City

San Diego

State

CA

Zip Code

92130

FEC ID number of contributing
federal political committee.

C

Name of Employer
BSISOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 6 | / | 2 | 0 | 1 | 1 |

Transaction ID: C6552912

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Noah Clements

Mailing Address 102 E Wayne Ave

City

Silver Spring

State

MD

Zip Code

20901

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Clements FirmOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 1 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: C6341335

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Larry Doores

Mailing Address PO Box 25635

City

Miami

State

FL

Zip Code

33102

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: C6234739

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Larry Doores

Mailing Address PO Box 25635

City

Miami

State

FL

Zip Code

33102

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 1 1

Transaction ID: C6492130

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Robert Frank

Mailing Address 1130 Cranbury Rd
Suite 602

City

Union

State

NJ

Zip Code

07083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frank & Pollack, LLC

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: C6347248

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Roberta Freedman

Mailing Address 10701 Margate Rd.

City

Silver Spring

State

MD

Zip Code

20901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clark Hill PLC

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C6341337

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Gloria Goldman

Mailing Address 6919 Gleneagles
1575 W. Ina Road

City

Tucson

State

AZ

Zip Code

85718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gloria Goldman Law

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: C6347246

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jose Guerrero

Mailing Address PO Box 143645

City

Coral Gables

State

FL

Zip Code

33114

FEC ID number of contributing
federal political committee.

C

Name of Employer
GR Law Firm, PLLC

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C6560750

Amount of Each Receipt this Period

250.00

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 15 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Sheila S Hahn

Mailing Address 9812 Falls Rd
#114-158

City State Zip Code
Potomac MD 20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Law Offices of Sheila Sta-
rkey Hahn

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C6341332

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Thomas W Hildreth

Mailing Address 15 Broad St

City State Zip Code
Hollis NH 03049-5906

FEC ID number of contributing
federal political committee.

C

Name of Employer
McClane, Graf, Raulerson &
Middleton

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C6299429

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Yen Hong

Mailing Address 2211 Verde Oak Dr

City State Zip Code
Los Angeles CA 90068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mukaw & Kerssir

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C6341326

Amount of Each Receipt this Period

500.00

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: PAGE 16 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Mark Ivener

Mailing Address 419 Lombard Avenue
Suite 1250City State Zip Code
Pacific Palisades CA 90272FEC ID number of contributing
federal political committee.**C**Name of Employer
Ivener & FullmerOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 1 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: C6341330

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jeff Joseph

Mailing Address 12203 E 2nd Ave
7 Foxtail CircleCity State Zip Code
Aurora CO 80011FEC ID number of contributing
federal political committee.**C**Name of Employer
Joseph Law FirmOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 1 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: C6341324

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ira Kurzban

Mailing Address 300 Pacific Road
P.A.City State Zip Code
Key Biscayne FL 33149FEC ID number of contributing
federal political committee.**C**Name of Employer
Kurzban, Kurzban, Weinger
& Tetzeli, POccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 8 | / | 2 | 0 | 1 | 1 |

Transaction ID: C6226080

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Ira Kurzban

Mailing Address 300 Pacific Road
P.A.

City State Zip Code
Key Biscayne FL 33149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kurzban, Kurzban, Weinger
& Tetzeli, P

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: C6341329

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Lucy Lu

Mailing Address 3475 Lenox Rd
Suite 730

City State Zip Code
Atlanta GA 30326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lucy Lu & Associates LLC

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C6341333

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Margaret H McCormick

Mailing Address 1000 N Lake Shore Plz
Ste 25A

City State Zip Code
Chicago IL 60611-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minsky, McCormick & Halla-
gan, PC

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C6299443

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**
Transaction ID : **C6341329**

Excess contribution transferred to Non-Federal account; entered on Line 29.

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

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

FOR LINE NUMBER: PAGE 19 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Immigrants' List

A.

Full Name (Last, First, Middle Initial)

David Morris

Mailing Address 1806 11th St NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Visa Law Group

Occupation
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C6341334

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Amy Novick

Mailing Address 1555 Connecticut Ave., NW #200

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C6662934

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gordon Quan

Mailing Address 2 W. Terrace

City

Houston

State

TX

Zip Code

77007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Foster Quan

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

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

Transaction ID: C5918239

Amount of Each Receipt this Period

100.00

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 20 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Gordon Quan

Mailing Address 2 W. Terrace

City

Houston

State

TX

Zip Code

77007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Foster Quan

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

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

Transaction ID: C6226089

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Gordon Quan

Mailing Address 2 W. Terrace

City

Houston

State

TX

Zip Code

77007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Foster Quan

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

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

Transaction ID: C6146501

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Gordon Quan

Mailing Address 2 W. Terrace

City

Houston

State

TX

Zip Code

77007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Foster Quan

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

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

Transaction ID: C6290149

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Gordon Quan

Mailing Address 2 W. Terrace

City

Houston

State

TX

Zip Code

77007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Foster Quan

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

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

Transaction ID: C6299424

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

James C Rosapepe

Mailing Address 1100 H St NW
Ste 1200

City

Washington

State

DC

Zip Code

20005-5481

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C6518034

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ted Ruthizer

Mailing Address 522 West End Avenue
Apt. 10A

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kramer Levin Naftalis &
Frankel LLP

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: C6074108

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Ted Ruthizer

Mailing Address 522 West End Avenue
Apt. 10A

City State Zip Code
New York NY 10024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kramer Levin Naftalis &
Frankel LLP

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: C6552874

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Denyse Sabagh

Mailing Address 1728 Lamont St NW
N.W.

City State Zip Code
Washington DC 20010-2602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duane Morris

Occupation
attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C6226079

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Marcine Seid

Mailing Address 1530 The Alameda #310
Suite 310

City State Zip Code
San Jose CA 95126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C6152724

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Nauman Siddiqi

Mailing Address 13849 Elder Ave
Unit 208

City State Zip Code
Flushing NY 11355

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYC Human Resources Admin-
istration

Occupation
clerical associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 1

Transaction ID: C6363360

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Nauman Siddiqi

Mailing Address 13849 Elder Ave
Unit 208

City State Zip Code
Flushing NY 11355

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYC Human Resources Admin-
istration

Occupation
clerical associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 1 1

Transaction ID: C6492132

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Greg Siskind

Mailing Address 1028 Oakhaven Road
1028 Oakhaven Road

City State Zip Code
Memphis TN 38119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Siskind, Susser

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C6341339

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

560.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Kimberly Sutton

Mailing Address 5100 Poplar Ave Suite 2204

City

Memphis

State

TN

Zip Code

36137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frager Law Firm

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C6662936

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Charles Tievsky

Mailing Address 1875 Campus Commons Dr
Suite 201

City

Reston

State

VA

Zip Code

20191

FEC ID number of contributing
federal political committee.

C

Name of Employer
Law Office of Charles A.
Tievsky, PLC

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C6341325

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Marc Van Der Hout

Mailing Address 515 Hill St.
5th Floor

City

San Francisco

State

CA

Zip Code

94114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C6341338

Amount of Each Receipt this Period

1000.00

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: PAGE 25 / 53

(check only one)

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

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NAME OF COMMITTEE (In Full)

Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Vera Weisz

Mailing Address 510 West 6th Street
Suite 200City State Zip Code
Los Angeles CA 90014FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C6202792

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Vera Weisz

Mailing Address 510 West 6th Street
Suite 200City State Zip Code
Los Angeles CA 90014FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 2 | / | 2 | 0 | 1 | 1 |

Transaction ID: C6282697

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Donald Wolfson

Mailing Address 825 3rd Avenue, 26th Floor

City State Zip Code
New York NY 10022FEC ID number of contributing
federal political committee.

C

Name of Employer
Wormser Kiely Galef & Jac-
obs LLPOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 8 | / | 2 | 0 | 1 | 1 |

Transaction ID: C6226084

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

24260.00

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

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

FOR LINE NUMBER: PAGE 26 / 53

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Gordon Quan for County Judge

Mailing Address 5177 Richmond Ave Suite 800

City

Houston

State

TX

Zip Code

77056-6710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C6227486

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

A. Form/Schedule : **SA11C**
Transaction ID : **C6227486**

From permissible funds

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 / 53

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

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NAME OF COMMITTEE (In Full)

Immigrants' List

A.

Full Name (Last, First, Middle Initial)

AILA

Mailing Address 1331 G St NW

City
Washington

State
DC

Zip Code
20005-3101

Purpose of Disbursement
Exhibit Booth Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D437984

Date of Disbursement

03 / 11 / 2011

Amount of Each Disbursement this Period

450.00

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 360001

City
Fort Lauderdale

State
FL

Zip Code
33336

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D437989

Date of Disbursement

03 / 21 / 2011

Amount of Each Disbursement this Period

12.11

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 360001

City
Fort Lauderdale

State
FL

Zip Code
33336

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D437990

Date of Disbursement

03 / 28 / 2011

Amount of Each Disbursement this Period

4.95

SUBTOTAL of Disbursements This Page (optional)

467.06

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 29 / 53

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D437975

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2.96

B.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D437976

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.95

C.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D437960

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.46

SUBTOTAL of Disbursements This Page (optional)

58.37

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 30 / 53

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D438002

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8.86

B.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D438003

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.95

C.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 360001

City Fort Lauderdale State FL Zip Code 33336

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D438013

Date of Disbursement

/ /

Amount of Each Disbursement this Period

86.56

SUBTOTAL of Disbursements This Page (optional)

100.37

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 31 / 53

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) American Express | Transaction ID: D438014 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address P.O. Box 360001 | <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>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 7 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 2 | 7 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Fort Lauderdale State FL Zip Code 33336 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Credit Card Fees | <table border="1"> <tr> <td colspan="10">4.95</td> </tr> </table> | 4.95 | | | | | | | | | | | | | | | | | | | |
| 4.95 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) American Express | Transaction ID: D438024 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address P.O. Box 360001 | <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>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 0 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 0 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Fort Lauderdale State FL Zip Code 33336 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Credit Card Fees | <table border="1"> <tr> <td colspan="10">2.82</td> </tr> </table> | 2.82 | | | | | | | | | | | | | | | | | | | |
| 2.82 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) American Express | Transaction ID: D438025 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address P.O. Box 360001 | <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>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 8 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 8 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Fort Lauderdale State FL Zip Code 33336 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Credit Card Fees | <table border="1"> <tr> <td colspan="10">4.95</td> </tr> </table> | 4.95 | | | | | | | | | | | | | | | | | | | |
| 4.95 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

12.72

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 53

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Authnet Gateway

Mailing Address 1295 Charleston Road

City Mountain View State CA Zip Code 94043

Purpose of Disbursement

Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D438021

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

35.65

B.

Full Name (Last, First, Middle Initial)

Authnet Gateway

Mailing Address 1295 Charleston Road

City Mountain View State CA Zip Code 94043

Purpose of Disbursement

Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D438012

Date of Disbursement

05 / 03 / 2011

Amount of Each Disbursement this Period

40.40

C.

Full Name (Last, First, Middle Initial)

Authnet Gateway

Mailing Address 1295 Charleston Road

City Mountain View State CA Zip Code 94043

Purpose of Disbursement

Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D437999

Date of Disbursement

04 / 04 / 2011

Amount of Each Disbursement this Period

37.75

SUBTOTAL of Disbursements This Page (optional)

113.80

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 53

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Authnet Gateway

Mailing Address 1295 Charleston Road

City State Zip Code
Mountain View CA 94043

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D437957

Date of Disbursement

/ /

Amount of Each Disbursement this Period

36.90

B.

Full Name (Last, First, Middle Initial)

Authnet Gateway

Mailing Address 1295 Charleston Road

City State Zip Code
Mountain View CA 94043

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D437974

Date of Disbursement

/ /

Amount of Each Disbursement this Period

35.65

C.

Full Name (Last, First, Middle Initial)

Authnet Gateway

Mailing Address 1295 Charleston Road

City State Zip Code
Mountain View CA 94043

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D437986

Date of Disbursement

/ /

Amount of Each Disbursement this Period

35.95

SUBTOTAL of Disbursements This Page (optional)

108.50

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)

PAGE 34 / 53

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Concord Supplies | Transaction ID: D437967 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address P. O. Box 360 | <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>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 0 | 8 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 0 | 8 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City State Zip Code Glen Ellyn IL 60138 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Office Supplies Candidate Name | <table border="1"> <tr> <td colspan="10">112.99</td> </tr> </table> | 112.99 | | | | | | | | | | | | | | | | | | | |
| 112.99 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input 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) Crossroads Campaigns | Transaction ID: D437968 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 707 H Street, NW, Suite 300 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 0 | 8 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 0 | 8 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City State Zip Code Washington DC 20001 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Strategic Consulting-February 2011 Candidate Name | <table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table> | 2500.00 | | | | | | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | |
| 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) Crossroads Campaigns | Transaction ID: D437971 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 707 H Street, NW, Suite 300 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 1 | 7 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 1 | 7 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City State Zip Code Washington DC 20001 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Strategic Consulting-January, 2011 Candidate Name | <table border="1"> <tr> <td colspan="10">1250.00</td> </tr> </table> | 1250.00 | | | | | | | | | | | | | | | | | | | |
| 1250.00 | | | | | | | | | | | | | | | | | | | | | |
| 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)

3862.99

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 53

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.

Full Name (Last, First, Middle Initial)
Crossroads Campaigns

Mailing Address 707 H Street, NW, Suite 300

City Washington State DC Zip Code 20001

Purpose of Disbursement
Strategic Consulting-Dec
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D437954
Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Crossroads Campaigns

Mailing Address 707 H Street, NW, Suite 300

City Washington State DC Zip Code 20001

Purpose of Disbursement
Strategic Consulting-January
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D437955
Date of Disbursement

/ /

Amount of Each Disbursement this Period

1250.00

C.

Full Name (Last, First, Middle Initial)
Crossroads Campaigns

Mailing Address 707 H Street, NW, Suite 300

City Washington State DC Zip Code 20001

Purpose of Disbursement
Strategic Consulting-March, 2011
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D437979
Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4250.00

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 36 / 53

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Crossroads Campaigns | Transaction ID: D437997 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 707 H Street, NW, Suite 300 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 2 | 8 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 2 | 8 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Washington State DC Zip Code 20001 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Strategic Consulting-May, 2011 Candidate Name | <table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table> | 2500.00 | | | | | | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | |
| 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) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Crossroads Campaigns | Transaction ID: D438016 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 707 H Street, NW, Suite 300 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 1 | 1 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 1 | 1 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Washington State DC Zip Code 20001 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Strategic Consulting-April, 2011 Candidate Name | <table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table> | 2500.00 | | | | | | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | |
| 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) Crossroads Campaigns | Transaction ID: D438026 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 707 H Street, NW, Suite 300 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 0 | 1 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 0 | 1 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Washington State DC Zip Code 20001 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Strategic Consulting-June, 2011 Candidate Name | <table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table> | 2500.00 | | | | | | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | |
| 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)

7500.00

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 37 / 53

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Crossroads Campaigns | Transaction ID: D438020 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 707 H Street, NW, Suite 300 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 1 | 4 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 1 | 4 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Washington State DC Zip Code 20001 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Travel Expenses | <table border="1"> <tr> <td colspan="10">118.17</td> </tr> </table> | 118.17 | | | | | | | | | | | | | | | | | | | |
| 118.17 | | | | | | | | | | | | | | | | | | | | | |
| 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) Cybersource | Transaction ID: D438022 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1295 Charleston Rd. | <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>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 0 | 2 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 0 | 2 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Mountain View State CA Zip Code 94043 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Credit Card Fees | <table border="1"> <tr> <td colspan="10">32.33</td> </tr> </table> | 32.33 | | | | | | | | | | | | | | | | | | | |
| 32.33 | | | | | | | | | | | | | | | | | | | | | |
| 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) Cybersource | Transaction ID: D438023 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1295 Charleston Rd. | <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>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 3 | 0 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Mountain View State CA Zip Code 94043 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Credit card fees | <table border="1"> <tr> <td colspan="10">14.82</td> </tr> </table> | 14.82 | | | | | | | | | | | | | | | | | | | |
| 14.82 | | | | | | | | | | | | | | | | | | | | | |
| 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)

165.32

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 38 / 53

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Cybersource | Transaction ID: D438010 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1295 Charleston Rd. | <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>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 0 | 3 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 0 | 3 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Mountain View State CA Zip Code 94043 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Credit Card Fees | <table border="1"> <tr> <td>4</td><td>2</td><td>.</td><td>1</td><td>1</td> </tr> </table> | 4 | 2 | . | 1 | 1 | | | | | | | | | | | | | | | |
| 4 | 2 | . | 1 | 1 | | | | | | | | | | | | | | | | | |
| 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) Cybersource | Transaction ID: D438011 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1295 Charleston Rd. | <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>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 3 | 1 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 3 | 1 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Mountain View State CA Zip Code 94043 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Credit Card Fees | <table border="1"> <tr> <td>3</td><td>8</td><td>.</td><td>1</td><td>6</td> </tr> </table> | 3 | 8 | . | 1 | 6 | | | | | | | | | | | | | | | |
| 3 | 8 | . | 1 | 6 | | | | | | | | | | | | | | | | | |
| 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) Cybersource | Transaction ID: D438000 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1295 Charleston Rd. | <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>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 0 | 4 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 4 | | 0 | 4 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Mountain View State CA Zip Code 94043 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Credit Card Fees | <table border="1"> <tr> <td>3</td><td>4</td><td>.</td><td>0</td><td>7</td> </tr> </table> | 3 | 4 | . | 0 | 7 | | | | | | | | | | | | | | | |
| 3 | 4 | . | 0 | 7 | | | | | | | | | | | | | | | | | |
| 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)

114.34

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 39 / 53

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Cybersource

Mailing Address 1295 Charleston Rd.

City Mountain View State CA Zip Code 94043

Purpose of Disbursement

Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D438001

Date of Disbursement

04 / 30 / 2011

Amount of Each Disbursement this Period

151.20

B.

Full Name (Last, First, Middle Initial)

Cybersource

Mailing Address 1295 Charleston Rd.

City Mountain View State CA Zip Code 94043

Purpose of Disbursement

Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D437987

Date of Disbursement

03 / 02 / 2011

Amount of Each Disbursement this Period

34.22

C.

Full Name (Last, First, Middle Initial)

Cybersource

Mailing Address 1295 Charleston Rd.

City Mountain View State CA Zip Code 94043

Purpose of Disbursement

Credit Card Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D437988

Date of Disbursement

03 / 31 / 2011

Amount of Each Disbursement this Period

31.94

SUBTOTAL of Disbursements This Page (optional)

217.36

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)

PAGE 40 / 53

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Cybersource | Transaction ID: D437958 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1295 Charleston Rd. | <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>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 0 | 4 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 1 | | 0 | 4 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Mountain View State CA Zip Code 94043 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Credit Card Fees | <table border="1"> <tr> <td colspan="10">33.49</td> </tr> </table> | 33.49 | | | | | | | | | | | | | | | | | | | |
| 33.49 | | | | | | | | | | | | | | | | | | | | | |
| 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) Cybersource | Transaction ID: D437959 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1295 Charleston Rd. | <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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 3 | 1 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 1 | | 3 | 1 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Mountain View State CA Zip Code 94043 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Credit Card Fees | <table border="1"> <tr> <td colspan="10">11.38</td> </tr> </table> | 11.38 | | | | | | | | | | | | | | | | | | | |
| 11.38 | | | | | | | | | | | | | | | | | | | | | |
| 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) Cybersource | Transaction ID: D437972 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1295 Charleston Rd. | <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>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 0 | 2 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 0 | 2 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Mountain View State CA Zip Code 94043 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Credit Card Fees | <table border="1"> <tr> <td colspan="10">46.07</td> </tr> </table> | 46.07 | | | | | | | | | | | | | | | | | | | |
| 46.07 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

90.94

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 41 / 53

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Cybersource | Transaction ID: D437973 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1295 Charleston Rd. | <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>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 2 | 8 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 2 | 8 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Mountain View State CA Zip Code 94043 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Credit Card Fees Candidate Name | <table border="1"> <tr> <td colspan="10">49.63</td> </tr> </table> | 49.63 | | | | | | | | | | | | | | | | | | | |
| 49.63 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input 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) DC Treasurer | Transaction ID: D437964 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1350 Pennsylvania Ave. NW | <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>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 0 | 2 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 0 | 2 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Washington State DC Zip Code 20004 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Parking Candidate Name | <table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table> | 30.00 | | | | | | | | | | | | | | | | | | | |
| 30.00 | | | | | | | | | | | | | | | | | | | | | |
| 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) DC Treasurer | Transaction ID: D437981 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1350 Pennsylvania Ave. NW | <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>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 0 | 2 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 3 | | 0 | 2 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | |
| City Washington State DC Zip Code 20004 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Taxes-2010 Candidate Name | <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table> | 100.00 | | | | | | | | | | | | | | | | | | | |
| 100.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

179.63

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 42 / 53

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Federal Express Mailing Address P.O Box 371461 | Transaction ID: D437970 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 8 / 2 0 1 1</div> </div> |
| City Pittsburgh State PA Zip Code 15250 Purpose of Disbursement Overnight Shipping 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) ▼ | Amount of Each Disbursement this Period <div>35.53</div> |
| B. Full Name (Last, First, Middle Initial) Gilbert & Wolfand, P.C. Mailing Address 2201 Wisconsin Ave. City Washington State DC Zip Code 20007 Purpose of Disbursement Tax Filings-2010 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: D437985 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>326.00</div> |
| C. Full Name (Last, First, Middle Initial) Amy Novick Mailing Address 1555 Connecticut Ave., NW #200 City Washington State DC Zip Code 20036 Purpose of Disbursement Office Rent-April, 2011 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: D437993 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 4 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>250.00</div> |

SUBTOTAL of Disbursements This Page (optional)

611.53

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 43 / 53

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Amy Novick

Mailing Address 1555 Connecticut Ave., NW #200

City Washington State DC Zip Code 20036

Purpose of Disbursement
Office Rent-May, 2011

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D437994

Date of Disbursement

04 / 28 / 2011

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Amy Novick

Mailing Address 1555 Connecticut Ave., NW #200

City Washington State DC Zip Code 20036

Purpose of Disbursement
Office Rent-March, 2011

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D437980

Date of Disbursement

03 / 02 / 2011

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Amy Novick

Mailing Address 1555 Connecticut Ave., NW #200

City Washington State DC Zip Code 20036

Purpose of Disbursement
Office Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D437965

Date of Disbursement

02 / 04 / 2011

Amount of Each Disbursement this Period

208.00

SUBTOTAL of Disbursements This Page (optional)

708.00

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 / 53

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Amy Novick

Mailing Address 1555 Connecticut Ave., NW #200

City Washington State DC Zip Code 20036

Purpose of Disbursement
Strategic Consulting-Feb

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D437966

Date of Disbursement

02 / 04 / 2011

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Amy Novick

Mailing Address 1555 Connecticut Ave., NW #200

City Washington State DC Zip Code 20036

Purpose of Disbursement
Strategic Consulting-February

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D437969

Date of Disbursement

02 / 08 / 2011

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Amy Novick

Mailing Address 1555 Connecticut Ave., NW #200

City Washington State DC Zip Code 20036

Purpose of Disbursement
Strategic Consulting-January

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D437956

Date of Disbursement

01 / 26 / 2011

Amount of Each Disbursement this Period

1000.00

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)

PAGE 45 / 53

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Amy Novick

Mailing Address 1555 Connecticut Ave., NW #200

City Washington State DC Zip Code 20036

Purpose of Disbursement
Rent-January

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D437952

Date of Disbursement

01 / 04 / 2011

Amount of Each Disbursement this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Amy Novick

Mailing Address 1555 Connecticut Ave., NW #200

City Washington State DC Zip Code 20036

Purpose of Disbursement
Office Rent-June, 2011

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D438009

Date of Disbursement

06 / 01 / 2011

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

PNC Bank

Mailing Address 1913 Massachusetts Avenue, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Credit Card-Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D437998

Date of Disbursement

05 / 03 / 2011

Amount of Each Disbursement this Period

2549.91

SUBTOTAL of Disbursements This Page (optional)

3007.91

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 46 / 53

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) PNC Bank</p> <p>Mailing Address 1913 Massachusetts Avenue, NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement NGP Fees/Finance Charges</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: D437983</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 894.61</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) PNC Bank</p> <p>Mailing Address 1913 Massachusetts Avenue, NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Credit Card-NGP/Lodging Expenses</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: D438018</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 799.88</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) PNC Bank</p> <p>Mailing Address 1913 Massachusetts Avenue, NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Bank 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: D437962</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 16.00</p> |

SUBTOTAL of Disbursements This Page (optional)

1710.49

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 47 / 53

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

| | |
|---|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) PNC Bank</p> <p>Mailing Address 1913 Massachusetts Avenue, NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Bank 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: D437963</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>12.00</div> </div> </p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) PNC Bank</p> <p>Mailing Address 1913 Massachusetts Avenue, NW</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Bank 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: D437977</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 1 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>26.00</div> </div> </p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) SALSA</p> <p>Mailing Address 1700 Connecticut Ave., NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Email List Hosting-February, 2011</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: D437978</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 8 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>300.00</div> </div> </p> |

SUBTOTAL of Disbursements This Page (optional)

338.00

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 48 / 53

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

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NAME OF COMMITTEE (In Full)
Immigrants' List

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) SALSA | Transaction ID: D437982 Date of Disbursement |
| Mailing Address 1700 Connecticut Ave., NW | <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 2 / 2 0 1 1</div> </div> |
| City Washington State DC Zip Code 20009 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Email List Hosting-March, 2011 Candidate Name | <div> <div>300.00</div> <div>Category/Type</div> </div> |
| Office Sought: <input type="checkbox"/> House <input 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) SALSA | Transaction ID: D437953 Date of Disbursement |
| Mailing Address 1700 Connecticut Ave., NW | <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 7 / 2 0 1 1</div> </div> |
| City Washington State DC Zip Code 20009 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Email List Hosting-January Candidate Name | <div> <div>300.00</div> <div>Category/Type</div> </div> |
| Office Sought: <input type="checkbox"/> House <input 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) SALSA | Transaction ID: D438019 Date of Disbursement |
| Mailing Address 1700 Connecticut Ave., NW | <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 0 / 2 0 1 1</div> </div> |
| City Washington State DC Zip Code 20009 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Email List Hosting-June, 2011 Candidate Name | <div> <div>300.00</div> <div>Category/Type</div> </div> |
| Office Sought: <input type="checkbox"/> House <input 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)

900.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 49 / 53

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

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NAME OF COMMITTEE (In Full)
Immigrants' List**A.**Full Name (Last, First, Middle Initial)
SALSA

Mailing Address 1700 Connecticut Ave., NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Mail List Hosting-April, 2011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D438017

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 3 | | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

300.00

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

Mailing Address 1700 Connecticut Ave., NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Mail List Hosting-May, 2011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D438015

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 6 | | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

300.00

C.Full Name (Last, First, Middle Initial)
Tiny Jewel Box

Mailing Address 1145 Connecticut Ave., NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Production of Stars & Stripes Trapezoid

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D437996

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 8 | | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

174.90

SUBTOTAL of Disbursements This Page (optional)

774.90

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)

PAGE 50 / 53

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

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NAME OF COMMITTEE (In Full)

Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Westend Press

Mailing Address 2445 M Street, NW

City
Washington

State
DC

Zip Code
20037

Purpose of Disbursement
Printing of Brochures

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D437995

Date of Disbursement

/ /

Amount of Each Disbursement this Period

633.00

SUBTOTAL of Disbursements This Page (optional)

633.00

TOTAL This Period (last page this line number only)

27925.23

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 51 / 53

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Immigrants' List

A.

Full Name (Last, First, Middle Initial)

Immigrants List

Mailing Address 1555 onnecticut Avenue

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement
Transfer to Non-Federal Account

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D438004

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 0 | | 2 | 0 | 1 | 1 |

Amount of Each Disbursement this Period

971.10

SUBTOTAL of Disbursements This Page (optional)

971.10

TOTAL This Period (last page this line number only)

971.10

A. Form/Schedule : **SB29**
Transaction ID : **D438004**

Transfer of Non-Federal Funds from Ira Kurzban processed through Federal merchant account. Difference is for credit card fees.

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 53 / 53

FOR LINE 24 OF FORM 3X

| | | | |
|--|-------------|---|--|
| NAME OF COMMITTEE (In Full) Immigrants' List | | FEC IDENTIFICATION NUMBER C C00430280 | |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | | | |
| Full Name (Last, First, Middle, Initial) of Payee El Mundo | | Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 1</div> <div><small>D D</small> 0 4</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div> | |
| Mailing Address 760 N. Eastern Ave 110 | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">651.00</div> | |
| City Las Vegas | State NV | Zip Code 89101 | Transaction ID: D437951 |
| Purpose of Expenditure Spanish Language Advertising | | Category/ Type | Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential |
| Name of Federal Candidate supported or Opposed by expenditure: Harry Reid | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ | |
| | | <div style="border: 1px solid black; padding: 2px; text-align: right;">651.00</div> | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px;">651.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; height: 20px;"></div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px;">651.00</div> |
| <p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> | |
| Mr Ira Kurzban _____ Signature | Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 7</div> <div><small>D D</small> 2 9</div> <div><small>Y Y Y Y</small> 2 0 1 1</div> </div> |