

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Immigrants' List

ADDRESS (number and street)   
  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

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

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

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

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  /  /  through  /  /

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 Mr Ira Kurzban [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Immigrants' List**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="17875.79"/>	<input type="text" value="17875.79"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="17875.79"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="29053.00"/>	<input type="text" value="29053.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="46928.79"/>	<input type="text" value="46928.79"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="28865.78"/>	<input type="text" value="28865.78"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="18063.01"/>	<input type="text" value="18063.01"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

Write or Type Committee Name

Immigrants' List

Report Covering the Period: From: 01 / 01 / 2014 To: 03 / 31 / 2014

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).....	26775.00	26775.00
(ii) Unitemized .....	2278.00	2278.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	29053.00	29053.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	29053.00	29053.00
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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	29053.00	29053.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	29053.00	29053.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	26865.78	26865.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	26865.78	26865.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	28865.78	28865.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28865.78	28865.78

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	29053.00	29053.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29053.00	29053.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	26865.78	26865.78
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	26865.78	26865.78

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

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

FOR LINE NUMBER: PAGE 6 OF 23  
(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**

Full Name (Last, First, Middle Initial)  
**A. Sarah Asta Burg**

Mailing Address 2014 East Solano Drive

City State Zip Code  
Phoenix AZ 85016

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

Name of Employer Occupation  
U.S Airways, Inc. Director and Assistant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2014  
**Transaction ID : C8513945**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. 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 Occupation  
The Law Offices of Royal Berg Immigration Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 05 / 2014  
**Transaction ID : C8506034**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**C. 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 Occupation  
The Law Offices of Royal Berg Immigration Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2014  
**Transaction ID : C8595060**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

**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 OF 23  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Immigrants' List**

Full Name (Last, First, Middle Initial)  
**A. Steven Clark**

Mailing Address

City State Zip Code

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

Name of Employer Occupation  
Clark Lau LLC Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2014  
**Transaction ID : C8608294**

Amount of Each Receipt this Period  
325.00

Full Name (Last, First, Middle Initial)  
**B. Susan J Cohen**

Mailing Address 33 Coolidge Rd.

City State Zip Code  
Belmont MA 02478

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

Name of Employer Occupation  
Mintz, Levin, Cohn, Ferris, Glovsky an Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : C8634838**

Amount of Each Receipt this Period  
1500.00

Full Name (Last, First, Middle Initial)  
**c. Robert Coughlon**

Mailing Address

City State Zip Code

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

Name of Employer Occupation  
Allen, Tunac & Coughlon, PLLC Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2014  
**Transaction ID : C8604444**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2075.00

**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 OF 23  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Immigrants' List**

**A. Dino DeConcini**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2335 E. Elm Street  
 City Tucson State AZ Zip Code 85719-4334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2014  
**Transaction ID : C8513946**  
 Amount of Each Receipt this Period  
 250.00

**B. Dyann DeVecchio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 52 Metropolitan Ave #3  
 City Roslindale State MA Zip Code 02131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SEYFARTH SHAW 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 Y Y  
 03 / 13 / 2014  
**Transaction ID : C8634820**  
 Amount of Each Receipt this Period  
 500.00

**C. Scott Fitzgerald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fragomen, Del Rey, Bernsen & Loewy LLP Occupation Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2014  
**Transaction ID : C8606814**  
 Amount of Each Receipt this Period  
 650.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1400.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Immigrants' List**

**A. David Garfield**  
Full Name (Last, First, Middle Initial)

Mailing Address 1634 I Street NW Suite 400

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

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

Name of Employer Garfield Law Group LLP	Occupation Attorney
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2014

**Transaction ID : C8621626**

Amount of Each Receipt this Period  
1500.00

**B. Bonnie Gibson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3003 N. Central Avenue, Suite 1200

City Phoenix	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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

Name of Employer Fragomen, Del Rey, Bernsen & Loewy, LL	Occupation Attorney
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2014

**Transaction ID : C8634837**

Amount of Each Receipt this Period  
250.00

**C. Maurice Goldman**  
Full Name (Last, First, Middle Initial)

Mailing Address 6919 Gleneagles Dr.  
1726 W. Windgate Place

City Tucson	State AZ	Zip Code 85718
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FEC ID number of contributing federal political committee. **C**

Name of Employer Goldman & Goldman, PC	Occupation Attorney
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	09	/	2014

**Transaction ID : C8458974**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Immigrants' List**

**A. Maurice Goldman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6919 Gleneagles Dr.  
1726 W. Windgate Place  
City Tucson State AZ Zip Code 85718  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Goldman & Goldman, PC Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
MM / DD / YYYY  
01 / 21 / 2014  
**Transaction ID : C8463966**  
Amount of Each Receipt this Period  
100.00

**B. Maurice Goldman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6919 Gleneagles Dr.  
1726 W. Windgate Place  
City Tucson State AZ Zip Code 85718  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Goldman & Goldman, PC Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2014  
**Transaction ID : C8608292**  
Amount of Each Receipt this Period  
500.00

**C. Alicia Heflin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5115 N. Dysart Road  
Ste. 202-442  
City Litchfield Park State AZ Zip Code 85340  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Law Offices of Alicia M. Heflin, PLLC Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2014  
**Transaction ID : C8513948**  
Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**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 11 OF 23  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Immigrants' List**

Full Name (Last, First, Middle Initial)  
**A. Mark Koestler**

Mailing Address 44 Random Farms Circle  
Kramer Levin

City Chappaqua State NY Zip Code 10514

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

Name of Employer Kramer Levin Occupation Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2014  
**Transaction ID : C8609616**

Amount of Each Receipt this Period  
1500.00

Full Name (Last, First, Middle Initial)  
**B. Ira Kurzban**

Mailing Address 300 Pacific Road  
P.A.

City Key Biscayne State FL Zip Code 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 ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 10 / 2014  
**Transaction ID : C8461833**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**C. Albert Mishaan**

Mailing Address 325 West 52 St. #4B

City New York State NY Zip Code 10019

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

Name of Employer Kasowitz Benson et al. Occupation Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 24 / 2014  
**Transaction ID : C8466110**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 9000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Immigrants' List**

Full Name (Last, First, Middle Initial) <b>A. Michael Neufeld</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 <b>Transaction ID : C8634833</b>
Mailing Address 668 N. 44th Street Ste. 300		Amount of Each Receipt this Period 250.00
City Phoenix	State AZ	Zip Code 85008
FEC ID number of contributing federal political committee. C		
Name of Employer The Neufeld Law Firm PLC	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Amy Novick</b>		Date of Receipt MM / DD / YYYY 01 / 13 / 2014 <b>Transaction ID : C8461835</b>
Mailing Address 1555 Connecticut Ave., NW #200		Amount of Each Receipt this Period 500.00
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C		
Name of Employer Haynes Novick Immigration	Occupation Immigration Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Paul Parsons</b>		Date of Receipt MM / DD / YYYY 01 / 17 / 2014 <b>Transaction ID : C8634826</b>
Mailing Address 5309 Backtrail Drive 5309 Backtrail Drive		Amount of Each Receipt this Period 300.00
City Austin	State TX	Zip Code 78731
FEC ID number of contributing federal political committee. C		
Name of Employer Paul Parsons, P.C	Occupation Immigration Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Immigrants' List**

Full Name (Last, First, Middle Initial)  
**A. Michael Patrick**

Mailing Address 250 West 94th Street  
Apt., 15F

City New York State NY Zip Code 10025-6954

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

Name of Employer Fragomen, Del Rey, Bernsen & Loewy, LL Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2014  
**Transaction ID : C8626543**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Michael Ratner**

Mailing Address 124 Washington Place

City NY State NY Zip Code 10014

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

Name of Employer Self Occupation Author

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 21 / 2014  
**Transaction ID : C8463965**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. William Schoor Jr.**

Mailing Address 53 State Street

City Boston State MA Zip Code 02109

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

Name of Employer Goodwin Procter Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2014  
**Transaction ID : C8504294**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> 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 OF 23  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Immigrants' List**

Full Name (Last, First, Middle Initial)  
**A. Marcine Seid**

Mailing Address 1530 The Alameda #310  
Suite 310

City San Jose State CA Zip Code 95126

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

Name of Employer Law Offices of Marcine Seid Occupation Immigration Attorney

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1250.00**

Date of Receipt  
**01 / 02 / 2014**

**Transaction ID : C8456734**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. Marcine Seid**

Mailing Address 1530 The Alameda #310  
Suite 310

City San Jose State CA Zip Code 95126

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

Name of Employer Law Offices of Marcine Seid Occupation Immigration Attorney

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1250.00**

Date of Receipt  
**01 / 28 / 2014**

**Transaction ID : C8467602**

Amount of Each Receipt this Period  
**1000.00**

Full Name (Last, First, Middle Initial)  
**C. Andrew Shackelford**

Mailing Address 302 W. Earll Drive

City Phoenix State AZ Zip Code 85012

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

Name of Employer Fragomen, Del Rey, Bernsen & Loewy LLP Occupation Attorney

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**750.00**

Date of Receipt  
**03 / 11 / 2014**

**Transaction ID : C8646718**

Amount of Each Receipt this Period  
**250.00**

\* In-Kind: Food/drinks for event

**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 15 OF 23  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Immigrants' List**

**A. Andrew Shackelford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 302 W. Earll Drive  
 City Phoenix State AZ Zip Code 85012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fragomen, Del Rey, Bernsen & Loewy LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **03 / 12 / 2014**  
**Transaction ID : C8606812**  
 Amount of Each Receipt this Period **500.00**

**B. Carl Shusterman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 Wilshire Blvd. Suite 1550  
 City Los Angeles State CA Zip Code 90017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Law Offices of Carl Shusterman Occupation Attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt **03 / 28 / 2014**  
**Transaction ID : C8631483**  
 Amount of Each Receipt this Period **1500.00**

**C. Daniel Siciliano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Crown Quadrangle 559 Nathan Abbott Way  
 City Stanford State CA Zip Code 94305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LawLogix Occupation Co-Founder & Executive Chairman  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 11 / 2014**  
**Transaction ID : C8604453**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2250.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Immigrants' List**

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Stern</b>		Date of Receipt MM / DD / YYYY 03 / 24 / 2014 <b>Transaction ID : C8621654</b>
Mailing Address Information requested		Amount of Each Receipt this Period 1500.00
City Info requested	State DC	Zip Code 11111
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1500.00
Name of Employer Baker & McKenzie LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Tarik H. Sultan</b>		Date of Receipt MM / DD / YYYY 02 / 04 / 2014 <b>Transaction ID : C8595054</b>
Mailing Address 290 N. Meyer Avenue		Amount of Each Receipt this Period 500.00
City Tucson	State AZ	Zip Code 85701
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00
Name of Employer Wolf & Sultan P.C.	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	26775.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Immigrants' List**

Full Name (Last, First, Middle Initial)

**A. Crossroads Campaigns**

Mailing Address PO Box 66811

City Washington State DC Zip Code 20035-6811

Purpose of Disbursement  
1/16 Tele-Town Hall Call

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2014

**Transaction ID : D555754**

Amount of Each Disbursement this Period

2360.41

Full Name (Last, First, Middle Initial)

**B. Crossroads Campaigns**

Mailing Address PO Box 66811

City Washington State DC Zip Code 20035-6811

Purpose of Disbursement  
Strategic Consulting-February, 2014

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2014

**Transaction ID : D561646**

Amount of Each Disbursement this Period

3008.95

Full Name (Last, First, Middle Initial)

**C. Crossroads Campaigns**

Mailing Address PO Box 66811

City Washington State DC Zip Code 20035-6811

Purpose of Disbursement  
Strategic Consulting- March, 2014

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2014

**Transaction ID : D561659**

Amount of Each Disbursement this Period

2666.08

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

8035.44

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Immigrants' List**

Full Name (Last, First, Middle Initial)

**A. Crossroads Campaigns**

Mailing Address PO Box 66811

City Washington State DC Zip Code 20035-6811

Purpose of Disbursement  
Strategic Consulting- April, 2014

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2014

**Transaction ID : D561660**

Amount of Each Disbursement this Period

2695.89

Full Name (Last, First, Middle Initial)

**B. NGP VAN INC**

Mailing Address 1101 15th Street NW #500

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Quarterly Fee for NGP Campaign Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2014

**Transaction ID : D555753**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Salsa Labs, Inc.**

Mailing Address PO Box 674533

City Detroit State MI Zip Code 48267

Purpose of Disbursement  
Email Blast and Contact Manager Monthly Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2014

**Transaction ID : D554748**

Amount of Each Disbursement this Period

300.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3745.89

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Immigrants' List**

Full Name (Last, First, Middle Initial)

**A. Salsa Labs, Inc.**

Mailing Address PO Box 674533

City Detroit State MI Zip Code 48267

Purpose of Disbursement  
Email Blast and Contact Manager Monthly Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2014

**Transaction ID : D561649**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Salsa Labs, Inc.**

Mailing Address PO Box 674533

City Detroit State MI Zip Code 48267

Purpose of Disbursement  
Email Blast and Contact Manager Monthly Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 06 / 2014

**Transaction ID : D555755**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Andrew Shackelford**

Mailing Address 302 W. Earll Drive

City Phoenix State AZ Zip Code 85012

Purpose of Disbursement  
Food/drinks for event

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2014

**Transaction ID : D561700**

Amount of Each Disbursement this Period

250.00

\* In-Kind Received

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

850.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Immigrants' List**

Full Name (Last, First, Middle Initial)

**A. The Liaison Capitol Hill**

Mailing Address 425 New Jersey Ave NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Deposit for F&B costs for Maggio Awards 4/10

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 14 / 2014

**Transaction ID : D561657**

Amount of Each Disbursement this Period

2250.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Crossroads Campaigns**

Mailing Address PO Box 66811

City Washington State DC Zip Code 20035-6811

Purpose of Disbursement  
Employee Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2014

**Transaction ID : D561645**

Amount of Each Disbursement this Period

3859.80

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Supriya Golas**

Mailing Address 1825 K Street NW  
Ste. 450

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Employee Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2014

**Transaction ID : D561699**

Amount of Each Disbursement this Period

3859.80

Category/  
Type

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6109.80

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Immigrants' List**

Full Name (Last, First, Middle Initial)

**A. Crossroads Campaigns**

Mailing Address PO Box 66811

City Washington State DC Zip Code 20035-6811

Purpose of Disbursement  
Employee Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2014

**Transaction ID : D561658**

Amount of Each Disbursement this Period

3859.80

Full Name (Last, First, Middle Initial)

**B. Supriya Golas**

Mailing Address 1825 K Street NW Ste. 450

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Employee Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2014

**Transaction ID : D561698**

Amount of Each Disbursement this Period

3859.80

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Crossroads Campaigns**

Mailing Address PO Box 66811

City Washington State DC Zip Code 20035-6811

Purpose of Disbursement  
Employee Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2014

**Transaction ID : D561661**

Amount of Each Disbursement this Period

3859.80

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7719.60

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Immigrants' List**

Full Name (Last, First, Middle Initial)

**A. Supriya Golas**

Mailing Address 1825 K Street NW  
Ste. 450

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Employee Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : D561696**

Amount of Each Disbursement this Period

3859.80

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

0.00

26460.73

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Immigrants' List**

Full Name (Last, First, Middle Initial)

**A. Joe Garcia for Congress**

Mailing Address P.O Box 330871

City Miami State FL Zip Code 33233

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**Joe Garcia**

Office Sought:  House  
 Senate  
 President  
State: FL District: 26

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 20 / 2014

**Transaction ID : D557265**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mowrer for Iowa**

Mailing Address PO Box 9

City Boone State IA Zip Code 50036

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
**Jim Mowrer**

Office Sought:  House  
 Senate  
 President  
State: IA District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 26 / 2014

**Transaction ID : D561641**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2000.00

2000.00