

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (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 04 01 2010 through 06 30 2010

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

Type or Print Name of Treasurer Ms Jane Patterson

Signature of Treasurer Electronically Filed by Ms Jane Patterson Date 07 14 2010

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Americans for Legal Immigration PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		5298.36
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	10334.88									
(c) Total Receipts (from Line 19)	36620.36	69780.79								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	46955.24	75079.15								
7. Total Disbursements (from Line 31)	46685.33	74809.24								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	269.91	269.91								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Americans for Legal Immigration PAC

Report Covering the Period: From: To:

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)	16415.00	25055.00
(ii) Unitemized	20000.36	44450.79
(iii) TOTAL (add Lines 11(a)(i) and (ii)	36415.36	69505.79
(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)	36415.36	69505.79
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	200.00	270.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	5.00	5.00
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))	36620.36	69780.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	36620.36	69780.79

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	40485.33	67584.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	40485.33	67584.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	2000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	5200.00	5225.00
(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))	5200.00	5225.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	46685.33	74809.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46685.33	74809.24

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	36415.36	69505.79
34. Total Contribution Refunds (from Line 28(d))	5200.00	5225.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31215.36	64280.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	40485.33	67584.24
37. Offsets to Operating Expenditures (from Line 15, page 3)	200.00	270.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	40285.33	67314.24

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 6 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Michael Amos	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 8455 Laurel Lakes Blvd.	Transaction ID: SA11AI.16866
	City State Zip Code Naples FL 34119	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	c
	Name of Employer Retired Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Kathryn K. Bell	Date of Receipt MM / DD / YYYY 06 / 10 / 2010
	Mailing Address 669 Rockledge Ct	Transaction ID: SA11AI.17333
	City State Zip Code Frisco TX 75034	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	k
	Name of Employer Retired Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C.	Full Name (Last, First, Middle Initial) Joan and Samuel Faiello	Date of Receipt MM / DD / YYYY 04 / 08 / 2010
	Mailing Address 7 Sandy Ridge Rd	Transaction ID: SA11AI.17370
	City State Zip Code Stockton NJ 08559	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	k
	Name of Employer Best Effort Occupation Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Joan and Samuel Faiello		Date of Receipt
	Mailing Address 7 Sandy Ridge Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 27 / 2010
	City	State	Zip Code
	Stockton	NJ	08559
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17311
Name of Employer Best Effort		Occupation Best Effort	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) James Garbutt		Date of Receipt
	Mailing Address 541 Prospect Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 01 / 2010
	City	State	Zip Code
	Hackensack	NJ	07601
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16706
Name of Employer Self Employed		Occupation Plumber	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	<input type="text"/> 225.00

C.	Full Name (Last, First, Middle Initial) Laura Gutman		Date of Receipt
	Mailing Address 310 Watts Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 01 / 2010
	City	State	Zip Code
	Durham	NC	27701
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16843
Name of Employer Self-Employed		Occupation Best Effort	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	<input type="text"/> 100.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 375.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Laura Gutman	Date of Receipt MM / DD / YYYY 06 / 10 / 2010
	Mailing Address 310 Watts Street	Transaction ID: SA11AI.17340
	City State Zip Code Durham NC 27701	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	k
	Name of Employer Self-Employed Occupation Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) Hessie Harris	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 12901 Blue Lane	Transaction ID: SA11AI.16520
	City State Zip Code Silver Springs MD 20906	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	p
	Name of Employer Compliance, Inc. Occupation General Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Hessie Harris	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 12901 Blue Lane	Transaction ID: SA11AI.16893
	City State Zip Code Silver Springs MD 20906	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	c
	Name of Employer Compliance, Inc. Occupation General Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	2700.00
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 / 56
(check only one)

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

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

A.

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

Mailing Address 211 Glasgow Rd

City State Zip Code
Cary NC 27311

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

Name of Employer Best Effort Occupation Best Effort

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10200.00

Date of Receipt: 04 / 08 / 2010
Transaction ID: SA11AI.17409
Amount of Each Receipt this Period: 10000.00

B.

Full Name (Last, First, Middle Initial)
Kim Yee Lee

Mailing Address 129 Tanner St

City State Zip Code
Manchester CT 06042

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

Name of Employer Best Effort Occupation Best Effort

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 10 / 2010
Transaction ID: SA11AI.17339
Amount of Each Receipt this Period: 100.00

C.

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

Mailing Address 4187 Columbia Road

City State Zip Code
North Olmsted OH 44070

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

Name of Employer Best Effort Occupation Best Effort

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 01 / 2010
Transaction ID: SA11AI.16705
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 10600.00

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

A. Form/Schedule : **SA11AI**

Refunded \$5,200.00

Transaction ID : **SA11AI.17409**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mark Lewis	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 4187 Columbia Road	Transaction ID: SA11AI.16790
	City State Zip Code North Olmsted OH 44070	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	c
	Name of Employer Best Effort Occupation Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Sheron M. Owen	Date of Receipt MM / DD / YYYY 05 / 27 / 2010
	Mailing Address 2622 S Kingston Ct	Transaction ID: SA11AI.17318
	City State Zip Code Aurora CO 80014-1723	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	k
	Name of Employer Best Effort Occupation Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.	Full Name (Last, First, Middle Initial) John Prata	Date of Receipt MM / DD / YYYY 05 / 27 / 2010
	Mailing Address 31 Kettle Ct	Transaction ID: SA11AI.17290
	City State Zip Code North Kingston RI 02852	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	k
	Name of Employer Retired Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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: (check only one)	PAGE 12 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Randy Price		Date of Receipt
	Mailing Address 160 Radney Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 08 / 2010
	City	State	Zip Code
	Houston	TX	77024
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17421
Name of Employer RBC Dain Rauscher		Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
		<input type="text"/> 300.00	k

B.	Full Name (Last, First, Middle Initial) Martin Silver		Date of Receipt
	Mailing Address 134 Hidden Ponds Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 27 / 2010
	City	State	Zip Code
	Smithtown	NY	11787
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17260
Name of Employer Best Effort		Occupation Best Effort	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 300.00	k

C.	Full Name (Last, First, Middle Initial) Lorrie Vidal		Date of Receipt
	Mailing Address 2304 Mathews Ave., Unit 6		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 01 / 2010
	City	State	Zip Code
	Redondo Beach	CA	90278
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16694
Name of Employer ALG Global Logistics		Occupation Best Effort	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	c

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 800.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Charles Webster

Mailing Address 828 Winnetka Court

City State Zip Code
Manitowoc WI 54220

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

Name of Employer Occupation
DOWCO, Inc. Best Effort

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2010

Transaction ID: SA11AI.17142

Amount of Each Receipt this Period
150.00

C

B.

Full Name (Last, First, Middle Initial)
Douglas G Wilkerson

Mailing Address 200 Heathwood Rd

City State Zip Code
Charlotte NC 28211

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

Name of Employer Occupation
Best Effort Best Effort

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2010

Transaction ID: SA11AI.17445

Amount of Each Receipt this Period
40.00

k

SUBTOTAL of Receipts This Page (optional)	▶	190.00
TOTAL This Period (last page this line number only)	▶	16415.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 56
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Branch Banking and Trust		Date of Receipt
Mailing Address 200 West Second Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Winston-Salem NC 27101		<input type="text"/> 06 / <input type="text"/> 07 / <input type="text"/> 2010
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Transaction ID: SA15.17356
Name of Employer Occupation		Amount of Each Receipt this Period <input type="text"/> 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Refund Service Fee
Aggregate Year-to-Date ▼ <input type="text"/> 275.00		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 200.00
TOTAL This Period (last page this line number only)	<input type="text"/> 200.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

A. Full Name (Last, First, Middle Initial) Action Solutions Mailing Address 707 SW Washington St City Portland State OR Zip Code 97205 Purpose of Disbursement fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.16197 Date of Disbursement MM / DD / YYYY 04 / 02 / 2010
	Amount of Each Disbursement this Period 826.51
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Action Solutions Mailing Address 707 SW Washington St City Portland State OR Zip Code 97205 Purpose of Disbursement fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.16337 Date of Disbursement MM / DD / YYYY 06 / 01 / 2010
	Amount of Each Disbursement this Period 1017.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) American Airlines Mailing Address 4333 Amon Carter Boulevard 817.963.1234 City Fort Worth State TX Zip Code 76155 Purpose of Disbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.16218 Date of Disbursement MM / DD / YYYY 04 / 12 / 2010
	Amount of Each Disbursement this Period 265.90
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2109.41
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.16364 Date of Disbursement
	Mailing Address PO Box 36001	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Ft. Lauderdale State FL Zip Code 33336	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing	<input type="text" value="4.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Authorize Net Corporation	Transaction ID: SB21B.16289 Date of Disbursement
	Mailing Address 915 S. 500 E. Ste. 200	<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City American Fork State VT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees	<input type="text" value="43.05"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Authorize Net Corporation	Transaction ID: SB21B.16347 Date of Disbursement
	Mailing Address 915 S. 500 E. Ste. 200	<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City American Fork State VT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="45.75"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="93.75"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Best Buy	Transaction ID: SB21B.16316 Date of Disbursement
	Mailing Address P.O. Box 9312 1-888-BEST BUY (1-888-237-8289)	<input type="text" value="05"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Minneapolis State MN Zip Code 55440	Amount of Each Disbursement this Period
	Purpose of Disbursement Office supplies and equipment	<input type="text" value="1725.13"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Best Buy	Transaction ID: SB21B.16355 Date of Disbursement
	Mailing Address P.O. Box 9312 1-888-BEST BUY (1-888-237-8289)	<input type="text" value="06"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Minneapolis State MN Zip Code 55440	Amount of Each Disbursement this Period
	Purpose of Disbursement Office supplies and equipment	<input type="text" value="129.29"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Branch Banking and Trust	Transaction ID: SB21B.16235 Date of Disbursement
	Mailing Address 200 West Second Street	<input type="text" value="04"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Winston-Salem State NC Zip Code 27101	Amount of Each Disbursement this Period
	Purpose of Disbursement ATM Fares, tips and fee 7745 S Sam Houston Pkwy E Houston, TX	<input type="text" value="103.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1958.37"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Branch Banking and Trust	Transaction ID: SB21B.16247 Date of Disbursement
	Mailing Address 200 West Second Street	<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Winston-Salem State NC Zip Code 27101	Amount of Each Disbursement this Period
	Purpose of Disbursement ATM Tips, Fares, Meals and Fee	<input type="text" value="103.95"/>
	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) Branch Banking and Trust	Transaction ID: SB21B.16260 Date of Disbursement
	Mailing Address 200 West Second Street	<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City Winston-Salem State NC Zip Code 27101	Amount of Each Disbursement this Period
	Purpose of Disbursement ATM Fares, Tips, Meals and fee Tennessee	<input type="text" value="104.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Branch Banking and Trust	Transaction ID: SB21B.16274 Date of Disbursement
	Mailing Address 200 West Second Street	<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Winston-Salem State NC Zip Code 27101	Amount of Each Disbursement this Period
	Purpose of Disbursement Service Charge	<input type="text" value="17.60"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="226.05"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 56

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

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

A.	Full Name (Last, First, Middle Initial) Branch Banking and Trust Mailing Address 200 West Second Street City Winston-Salem State NC Zip Code 27101 Purpose of Disbursement Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16315 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 1 0 Amount of Each Disbursement this Period 200.00
B.	Full Name (Last, First, Middle Initial) CenturyLink formerly Embarq Mailing Address 100 CenturyLink Drive City Monroe State LA Zip Code 71203 Purpose of Disbursement Internet Serv. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16232 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 0 Amount of Each Disbursement this Period 54.94
C.	Full Name (Last, First, Middle Initial) Constant Contact Mailing Address 1601 Trapelo Road, Suite 329 866-289-2101 City Waltham State MA Zip Code 02451 Purpose of Disbursement e-mail Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16280 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0 Amount of Each Disbursement this Period 265.00

SUBTOTAL of Disbursements This Page (optional) ▶	519.94
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Constant Contact	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.16334																					
	Constant Contact	Date of Disbursement																					
Mailing Address 1601 Trapelo Road, Suite 329 866-289-2101		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	1		2	0	1	0														
City Waltham State MA Zip Code 02451		Amount of Each Disbursement this Period																					
Purpose of Disbursement e-Mail Service		<table border="1"> <tr> <td>265.00</td> </tr> </table>		265.00																			
265.00																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type																					
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: District:																							

B. Constant Contact	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.16362																					
	Constant Contact	Date of Disbursement																					
Mailing Address 1601 Trapelo Road, Suite 329 866-289-2101		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		3	0		2	0	1	0														
City Waltham State MA Zip Code 02451		Amount of Each Disbursement this Period																					
Purpose of Disbursement E-Mail Service		<table border="1"> <tr> <td>265.00</td> </tr> </table>		265.00																			
265.00																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type																					
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: District:																							

C. Continental Airlines	Full Name (Last, First, Middle Initial)	Transaction ID: SB21B.16216																					
	Continental Airlines	Date of Disbursement																					
Mailing Address 1600 Smith Street		<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>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	2		2	0	1	0														
City Houston State TX Zip Code 77210		Amount of Each Disbursement this Period																					
Purpose of Disbursement Travel Expense		<table border="1"> <tr> <td>270.20</td> </tr> </table>		270.20																			
270.20																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type																					
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	▶	800.20
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 56

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

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

A.	Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: SB21B.16251 Date of Disbursement
	Mailing Address 1600 Smith Street	<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City Houston State TX Zip Code 77210	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="273.20"/>
	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) Continental Airlines	Transaction ID: SB21B.16258 Date of Disbursement
	Mailing Address 1600 Smith Street	<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City Houston State TX Zip Code 77210	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense fee	<input type="text" value="20.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cornerstone American	Transaction ID: SB21B.16202 Date of Disbursement
	Mailing Address 12600 Deerfield Pkwy. Ste 375	<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Alphareta State GA Zip Code 30004	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing	<input type="text" value="471.52"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="764.72"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Cornerstone American	Transaction ID: SB21B.16287 Date of Disbursement
	Mailing Address 12600 Deerfield Pkwy. Ste 375	<input type="text" value="05"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Alphareta State GA Zip Code 30004	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="96.55"/>
	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) Cornerstone American	Transaction ID: SB21B.16345 Date of Disbursement
	Mailing Address 12600 Deerfield Pkwy. Ste 375	<input type="text" value="06"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Alphareta State GA Zip Code 30004	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="84.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Corporate Payroll Service	Transaction ID: SB21B.16198 Date of Disbursement
	Mailing Address 1000 Miller Court West	<input type="text" value="04"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Norcross State GA Zip Code 30071	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="1564.63"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1746.13"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial) Corporate Payroll Service Mailing Address 1000 Miller Court West City Norcross State GA Zip Code 30071 Purpose of Disbursement Payroll Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16204 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 56.24 Category/Type

B. Full Name (Last, First, Middle Initial) Corporate Payroll Service Mailing Address 1000 Miller Court West City Norcross State GA Zip Code 30071 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16292 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1534.63 Category/Type

C. Full Name (Last, First, Middle Initial) Corporate Payroll Service Mailing Address 1000 Miller Court West City Norcross State GA Zip Code 30071 Purpose of Disbursement Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16293 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 58.24 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	1649.11
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Corporate Payroll Service

Transaction ID: SB21B.16353
Date of Disbursement

Mailing Address 1000 Miller Court West

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

City Norcross State GA Zip Code 30071

Amount of Each Disbursement this Period

Purpose of Disbursement
Payroll Processing Fee

Category/
Type

58.24

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Corporate Payroll Service

Transaction ID: SB21B.16352
Date of Disbursement

Mailing Address 1000 Miller Court West

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

City Norcross State GA Zip Code 30071

Amount of Each Disbursement this Period

Purpose of Disbursement
Payroll Taxes

Category/
Type

1510.63

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Discover Network

Transaction ID: SB21B.17463
Date of Disbursement

Mailing Address PO Box 3022

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

City New Albany State OH Zip Code 43052

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Fees

Category/
Type

106.98

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1675.85

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Discover Network	Transaction ID: SB21B.16288 Date of Disbursement
	Mailing Address PO Box 3022	<input type="text" value="05"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City New Albany State OH Zip Code 43052	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="66.31"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Discover Network	Transaction ID: SB21B.16346 Date of Disbursement
	Mailing Address PO Box 3022	<input type="text" value="06"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City New Albany State OH Zip Code 43052	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="61.84"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Dotster Inc.	Transaction ID: SB21B.16195 Date of Disbursement
	Mailing Address PO Box 821066	<input type="text" value="04"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Vancouver State WA Zip Code 98682	Amount of Each Disbursement this Period
	Purpose of Disbursement Domain Registration	<input type="text" value="95.70"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="223.85"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dotster Inc.	Transaction ID: SB21B.16298 Date of Disbursement 05 / 10 / 2010
	Mailing Address PO Box 821066	
	City Vancouver State WA Zip Code 98682	Amount of Each Disbursement this Period 15.95
	Purpose of Disbursement Domain Services	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Dotster Inc.	Transaction ID: SB21B.16343 Date of Disbursement 06 / 02 / 2010
	Mailing Address PO Box 821066	
	City Vancouver State WA Zip Code 98682	Amount of Each Disbursement this Period 233.40
	Purpose of Disbursement Domain Registration	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Dotster Inc.	Transaction ID: SB21B.16363 Date of Disbursement 06 / 30 / 2010
	Mailing Address PO Box 821066	
	City Vancouver State WA Zip Code 98682	Amount of Each Disbursement this Period 10.00
	Purpose of Disbursement Domain Services	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	259.35
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Facebook Inc.	Transaction ID: SB21B.16209
	Mailing Address 156 University Ave.	Date of Disbursement MM / DD / YYYY 04 / 08 / 2010
	City Palo Alto State CA Zip Code 94301-1605	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement Advertisement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Facebook Inc.	Transaction ID: SB21B.16210
	Mailing Address 156 University Ave.	Date of Disbursement MM / DD / YYYY 04 / 09 / 2010
	City Palo Alto State CA Zip Code 94301-1605	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement Advertisement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Facebook Inc.	Transaction ID: SB21B.16213
	Mailing Address 156 University Ave.	Date of Disbursement MM / DD / YYYY 04 / 09 / 2010
	City Palo Alto State CA Zip Code 94301-1605	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement Advertisement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Facebook Inc. Mailing Address 156 University Ave. City Palo Alto State CA Zip Code 94301-1605 Purpose of Disbursement Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16225 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 1 0	Amount of Each Disbursement this Period 269.38
B.	Full Name (Last, First, Middle Initial) Facebook Inc. Mailing Address 156 University Ave. City Palo Alto State CA Zip Code 94301-1605 Purpose of Disbursement Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16229 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 1 0	Amount of Each Disbursement this Period 150.00
C.	Full Name (Last, First, Middle Initial) Facebook Inc. Mailing Address 156 University Ave. City Palo Alto State CA Zip Code 94301-1605 Purpose of Disbursement Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16230 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 1 0	Amount of Each Disbursement this Period 150.00

SUBTOTAL of Disbursements This Page (optional) ▶

569.38

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Facebook Inc.</p> <p>Mailing Address 156 University Ave.</p> <p>City Palo Alto State CA Zip Code 94301-1605</p> <p>Purpose of Disbursement Advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16231</p> <p>Date of Disbursement 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 150.00</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Facebook Inc.</p> <p>Mailing Address 156 University Ave.</p> <p>City Palo Alto State CA Zip Code 94301-1605</p> <p>Purpose of Disbursement Advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16238</p> <p>Date of Disbursement 04 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 150.00</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Facebook Inc.</p> <p>Mailing Address 156 University Ave.</p> <p>City Palo Alto State CA Zip Code 94301-1605</p> <p>Purpose of Disbursement Advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16254</p> <p>Date of Disbursement 04 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Facebook Inc. Mailing Address 156 University Ave. City Palo Alto State CA Zip Code 94301-1605 Purpose of Disbursement Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16262 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 1 0	Amount of Each Disbursement this Period 400.00
B.	Full Name (Last, First, Middle Initial) Facebook Inc. Mailing Address 156 University Ave. City Palo Alto State CA Zip Code 94301-1605 Purpose of Disbursement Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16271 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 0	Amount of Each Disbursement this Period 200.00
C.	Full Name (Last, First, Middle Initial) Facebook Inc. Mailing Address 156 University Ave. City Palo Alto State CA Zip Code 94301-1605 Purpose of Disbursement Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16306 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 1 0	Amount of Each Disbursement this Period 100.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Facebook Inc.	Transaction ID: SB21B.16307 Date of Disbursement 05 / 17 / 2010
	Mailing Address 156 University Ave.	Amount of Each Disbursement this Period 450.00
	City Palo Alto State CA Zip Code 94301-1605	
	Purpose of Disbursement Advertisement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Facebook Inc.	Transaction ID: SB21B.16310 Date of Disbursement 05 / 18 / 2010
	Mailing Address 156 University Ave.	Amount of Each Disbursement this Period 150.00
	City Palo Alto State CA Zip Code 94301-1605	
	Purpose of Disbursement Advertisement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Facebook Inc.	Transaction ID: SB21B.16313 Date of Disbursement 05 / 19 / 2010
	Mailing Address 156 University Ave.	Amount of Each Disbursement this Period 150.00
	City Palo Alto State CA Zip Code 94301-1605	
	Purpose of Disbursement Advertisement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Facebook Inc. Mailing Address 156 University Ave. City Palo Alto State CA Zip Code 94301-1605 Purpose of Disbursement Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16314 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 1 0 Amount of Each Disbursement this Period 34.36
B.	Full Name (Last, First, Middle Initial) Facebook Inc. Mailing Address 156 University Ave. City Palo Alto State CA Zip Code 94301-1605 Purpose of Disbursement Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16335 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 0 Amount of Each Disbursement this Period 50.00
C.	Full Name (Last, First, Middle Initial) Facebook Inc. Mailing Address 156 University Ave. City Palo Alto State CA Zip Code 94301-1605 Purpose of Disbursement Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16341 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 0 Amount of Each Disbursement this Period 150.00

SUBTOTAL of Disbursements This Page (optional)	234.36
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Facebook Inc.

Transaction ID: SB21B.16344
Date of Disbursement

Mailing Address 156 University Ave.

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

City Palo Alto State CA Zip Code 94301-1605

Amount of Each Disbursement this Period

50.00

Purpose of Disbursement
Advertisement
Candidate Name

Category/
Type

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

B.

Full Name (Last, First, Middle Initial)
Facebook Inc.

Transaction ID: SB21B.16348
Date of Disbursement

Mailing Address 156 University Ave.

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

City Palo Alto State CA Zip Code 94301-1605

Amount of Each Disbursement this Period

50.00

Purpose of Disbursement
Advertisement
Candidate Name

Category/
Type

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

C.

Full Name (Last, First, Middle Initial)
Facebook Inc.

Transaction ID: SB21B.16350
Date of Disbursement

Mailing Address 156 University Ave.

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

City Palo Alto State CA Zip Code 94301-1605

Amount of Each Disbursement this Period

34.16

Purpose of Disbursement
Advertisement
Candidate Name

Category/
Type

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

SUBTOTAL of Disbursements This Page (optional)

134.16

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Google Adwords Mailing Address 1600 Amphitheater Pkwy. City Mt. View State CA Zip Code 94043 Purpose of Disbursement Advertisement Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.16227 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 538.68

B. Full Name (Last, First, Middle Initial) Google Adwords Mailing Address 1600 Amphitheater Pkwy. City Mt. View State CA Zip Code 94043 Purpose of Disbursement Expense Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.16261 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 550.27

C. Full Name (Last, First, Middle Initial) Google Adwords Mailing Address 1600 Amphitheater Pkwy. City Mt. View State CA Zip Code 94043 Purpose of Disbursement Expense Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.16336 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 11.40

SUBTOTAL of Disbursements This Page (optional) ▶	1100.35
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Hewlett-Packard Company <hr/> Mailing Address 3000 Hanover Street <hr/> City Palo Alto State CA Zip Code 94304-1185 Purpose of Disbursement Office Equipment Repair Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16211 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 279.07
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Hilton Hotels Corporate <hr/> Mailing Address 9336 Civic Center Dr <hr/> City Beverly Hills State CA Zip Code 90210 Purpose of Disbursement Travel Expense Arizona Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16309 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 370.49
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Holiday Inn <hr/> Mailing Address InterContinental Hotels Group 3 Ravinia Drive Suite 100 <hr/> City Atlanta State GA Zip Code 30346-2149 Purpose of Disbursement Lodging Houston Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16250 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 296.70
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

946.26

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Holiday Inn	Transaction ID: SB21B.16252 Date of Disbursement 04 / 19 / 2010
	Mailing Address InterContinental Hotels Group 3 Ravinia Drive Suite 100	Amount of Each Disbursement this Period 232.64
	City Atlanta State GA Zip Code 30346-2149	
	Purpose of Disbursement Lodging	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Daryl Jurbala	Transaction ID: SB21B.16323 Date of Disbursement 05 / 11 / 2010
	Mailing Address PO Box 30966	Amount of Each Disbursement this Period 500.00
	City Raleigh State NC Zip Code 27622	
	Purpose of Disbursement Consulting Fee	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Mass Media Distribution	Transaction ID: SB21B.16194 Date of Disbursement 04 / 01 / 2010
	Mailing Address 12693 Tamiami Trl. E. # 222	Amount of Each Disbursement this Period 199.00
	City Naples State FL Zip Code 34113	
	Purpose of Disbursement Press Release	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	931.64
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16206 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 199.00

B. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16228 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 199.00

C. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16273 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 199.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mass Media Distribution	Transaction ID: SB21B.16275 Date of Disbursement
	Mailing Address 12693 Tamiami Trl. E. # 222	<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Naples State FL Zip Code 34113	Amount of Each Disbursement this Period
	Purpose of Disbursement Press Release Candidate Name	<input type="text" value="199.00"/>
	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) Mass Media Distribution	Transaction ID: SB21B.16276 Date of Disbursement
	Mailing Address 12693 Tamiami Trl. E. # 222	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Naples State FL Zip Code 34113	Amount of Each Disbursement this Period
	Purpose of Disbursement Press Release Candidate Name	<input type="text" value="199.00"/>
	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) Mass Media Distribution	Transaction ID: SB21B.16279 Date of Disbursement
	Mailing Address 12693 Tamiami Trl. E. # 222	<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Naples State FL Zip Code 34113	Amount of Each Disbursement this Period
	Purpose of Disbursement Press Release Candidate Name	<input type="text" value="199.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="597.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16290 Date of Disbursement 05 / 05 / 2010
	Amount of Each Disbursement this Period 199.00

B. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16291 Date of Disbursement 05 / 07 / 2010
	Amount of Each Disbursement this Period 199.00

C. Full Name (Last, First, Middle Initial) Mass Media Distribution Mailing Address 12693 Tamiami Trl. E. # 222 City Naples State FL Zip Code 34113 Purpose of Disbursement Press Release Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16299 Date of Disbursement 05 / 12 / 2010
	Amount of Each Disbursement this Period 199.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mass Media Distribution	Transaction ID: SB21B.16300 Date of Disbursement
	Mailing Address 12693 Tamiami Trl. E. # 222	<input type="text" value="05"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Naples State FL Zip Code 34113	Amount of Each Disbursement this Period
	Purpose of Disbursement Press Release Candidate Name	<input type="text" value="199.00"/>
	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) Mass Media Distribution	Transaction ID: SB21B.16318 Date of Disbursement
	Mailing Address 12693 Tamiami Trl. E. # 222	<input type="text" value="05"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Naples State FL Zip Code 34113	Amount of Each Disbursement this Period
	Purpose of Disbursement Press Release Candidate Name	<input type="text" value="199.00"/>
	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) Mass Media Distribution	Transaction ID: SB21B.16317 Date of Disbursement
	Mailing Address 12693 Tamiami Trl. E. # 222	<input type="text" value="05"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Naples State FL Zip Code 34113	Amount of Each Disbursement this Period
	Purpose of Disbursement Press Release Candidate Name	<input type="text" value="199.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="597.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Ms Jane Patterson	Transaction ID: SB21B.16283 Date of Disbursement 04 / 06 / 2010
	Mailing Address PO Box 30966	
	City Raleigh State NC Zip Code 27622-0966	Amount of Each Disbursement this Period 646.45
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ms Jane Patterson	Transaction ID: SB21B.16321 Date of Disbursement 05 / 10 / 2010
	Mailing Address PO Box 30966	
	City Raleigh State NC Zip Code 27622-0966	Amount of Each Disbursement this Period 646.45
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ms Jane Patterson	Transaction ID: SB21B.16366 Date of Disbursement 06 / 07 / 2010
	Mailing Address PO Box 30966	
	City Raleigh State NC Zip Code 27622-0966	Amount of Each Disbursement this Period 646.45
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1939.35
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PayPal	Transaction ID: SB21B.17465
	Mailing Address 2145 Hamilton Avenue	Date of Disbursement MM / DD / YYYY 04 / 01 / 2010
	City San Jose State CA Zip Code 95125	Amount of Each Disbursement this Period 85.19
	Purpose of Disbursement Credit Card Fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PayPal	Transaction ID: SB21B.17466
	Mailing Address 2145 Hamilton Avenue	Date of Disbursement MM / DD / YYYY 05 / 01 / 2010
	City San Jose State CA Zip Code 95125	Amount of Each Disbursement this Period 142.02
	Purpose of Disbursement Credit Card Fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PayPal	Transaction ID: SB21B.17467
	Mailing Address 2145 Hamilton Avenue	Date of Disbursement MM / DD / YYYY 06 / 01 / 2010
	City San Jose State CA Zip Code 95125	Amount of Each Disbursement this Period 31.81
	Purpose of Disbursement Credit Card Fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	259.02
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Rackspace Managed Hosting	Transaction ID: SB21B.16285 Date of Disbursement																			
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	2		2	0	1	0												
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Website Hosting	<table border="1"><tr><td>560.00</td></tr></table>	560.00																		
560.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Rackspace Managed Hosting	Transaction ID: SB21B.16322 Date of Disbursement																			
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	0		2	0	1	0												
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Internet Server	<table border="1"><tr><td>560.00</td></tr></table>	560.00																		
560.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Rackspace Managed Hosting	Transaction ID: SB21B.16328 Date of Disbursement																			
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	8		2	0	1	0												
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Internet Server	<table border="1"><tr><td>300.00</td></tr></table>	300.00																		
300.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>1420.00</td></tr></table>	1420.00
1420.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 44 / 56

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

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

A.	Full Name (Last, First, Middle Initial) Rackspace Managed Hosting	Transaction ID: SB21B.16367 Date of Disbursement																			
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	9		2	0	1	0												
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Internet Server	<table border="1"><tr><td>735.00</td></tr></table>	735.00																		
735.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Rackspace Managed Hosting	Transaction ID: SB21B.16368 Date of Disbursement																			
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>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>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	8		2	0	1	0												
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Internet Server	<table border="1"><tr><td>300.00</td></tr></table>	300.00																		
300.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Radio Shack	Transaction ID: SB21B.16339 Date of Disbursement																			
	Mailing Address 300 RadioShack Circle	<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>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	1	0												
	City Fort Worth State TX Zip Code 76102-1964	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Office Equipment Repair and Maintenance	<table border="1"><tr><td>322.64</td></tr></table>	322.64																		
322.64																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>1357.64</td></tr></table>	1357.64
1357.64		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Sage Payments Solutions Mailing Address 1750 Old Meadow Rd. #300 City Mclean State VA Zip Code 22102 Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.17468 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 141.22
B. Full Name (Last, First, Middle Initial) Sage Payments Solutions Mailing Address 1750 Old Meadow Rd. #300 City Mclean State VA Zip Code 22102 Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.17469 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 57.17
C. Full Name (Last, First, Middle Initial) Sage Payments Solutions Mailing Address 1750 Old Meadow Rd. #300 City Mclean State VA Zip Code 22102 Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.17470 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 12.21

SUBTOTAL of Disbursements This Page (optional) ▶

210.60

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Staples Inc.	Transaction ID: SB21B.16248 Date of Disbursement
	Mailing Address 500 Staples Dr	<input type="text" value="04"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Framingham State MA Zip Code 01702	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing for Events	<input type="text" value="831.34"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) The SEO Shop	Transaction ID: SB21B.16301 Date of Disbursement
	Mailing Address 2872 Union Light Rd	<input type="text" value="05"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Mammoth Cave State KY Zip Code 42259	Amount of Each Disbursement this Period
	Purpose of Disbursement Contract Labor	<input type="text" value="200.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Time Warner Cable	Transaction ID: SB21B.16259 Date of Disbursement
	Mailing Address 2505 Atlantic Ave. Ste. 101	<input type="text" value="04"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Raleigh State NC Zip Code 27604	Amount of Each Disbursement this Period
	Purpose of Disbursement Broad Band Cable	<input type="text" value="5.37"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1036.71"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

B. Form/Schedule : **SB21B**
Transaction ID : **SB21B.16301**

Contacted via e-mail for mailing address. Appeared on statement as 'Directory'.

**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 / 56

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

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

A.	Full Name (Last, First, Middle Initial) Time Warner Cable	Transaction ID: SB21B.16311 Date of Disbursement
	Mailing Address 2505 Atlantic Ave. Ste. 101	<input type="text" value="05"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Raleigh State NC Zip Code 27604	Amount of Each Disbursement this Period
	Purpose of Disbursement Broadband Cable	<input type="text" value="92.80"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Time Warner Cable	Transaction ID: SB21B.16361 Date of Disbursement
	Mailing Address 2505 Atlantic Ave. Ste. 101	<input type="text" value="06"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Raleigh State NC Zip Code 27604	Amount of Each Disbursement this Period
	Purpose of Disbursement Broadband Cable	<input type="text" value="97.12"/>
	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) United Air Corporate	Transaction ID: SB21B.16214 Date of Disbursement
	Mailing Address 77 W. Wacker Dr.	<input type="text" value="04"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Chicago State IL Zip Code 60601	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense	<input type="text" value="349.70"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="539.62"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.16219
	Mailing Address 4000 E. Sky Harbor Blvd.	Date of Disbursement MM / DD / YYYY 04 / 12 / 2010
	City Phoenix State AZ Zip Code 85034	Amount of Each Disbursement this Period 257.90
	Purpose of Disbursement Travel Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.16246
	Mailing Address 4000 E. Sky Harbor Blvd.	Date of Disbursement MM / DD / YYYY 04 / 16 / 2010
	City Phoenix State AZ Zip Code 85034	Amount of Each Disbursement this Period 5.00
	Purpose of Disbursement Travel Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B.16269
	Mailing Address 4000 E. Sky Harbor Blvd.	Date of Disbursement MM / DD / YYYY 04 / 19 / 2010
	City Phoenix State AZ Zip Code 85034	Amount of Each Disbursement this Period 5.00
	Purpose of Disbursement Travel Expense fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	267.90
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: SB21B.16237 Date of Disbursement 04 / 15 / 2010
	Mailing Address 1 Verizon Way (800)214-3555	Amount of Each Disbursement this Period 217.87
	City Basking Ridge State NJ Zip Code 07920-1025	
	Purpose of Disbursement Wireless Service and Phone 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) Verizon Wireless	Transaction ID: SB21B.16308 Date of Disbursement 05 / 17 / 2010
	Mailing Address 1 Verizon Way (800)214-3555	Amount of Each Disbursement this Period 111.20
	City Basking Ridge State NJ Zip Code 07920-1025	
	Purpose of Disbursement Wireless Service and Phone 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) Verizon Wireless	Transaction ID: SB21B.16357 Date of Disbursement 06 / 16 / 2010
	Mailing Address 1 Verizon Way (800)214-3555	Amount of Each Disbursement this Period 331.37
	City Basking Ridge State NJ Zip Code 07920-1025	
	Purpose of Disbursement Wireless Service and Phone 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)	660.44
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: SB21B.16294
	Mailing Address 23 Main St	Date of Disbursement MM / DD / YYYY 05 / 10 / 2010
	City Holmdel State NJ Zip Code 07733	Amount of Each Disbursement this Period 77.49
	Purpose of Disbursement Telephone Service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: SB21B.16356
	Mailing Address 23 Main St	Date of Disbursement MM / DD / YYYY 06 / 07 / 2010
	City Holmdel State NJ Zip Code 07733	Amount of Each Disbursement this Period 74.58
	Purpose of Disbursement Telephone Service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Wal-Mart	Transaction ID: SB21B.16338
	Mailing Address 702 SW 8th Stree	Date of Disbursement MM / DD / YYYY 06 / 01 / 2010
	City Bentonville State AR Zip Code 72716-8611	Amount of Each Disbursement this Period 351.23
	Purpose of Disbursement Office Equipment Monitor for Video 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)	503.30
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) William Gheen Mailing Address PO Box 30966 City Raleigh State NC Zip Code 27622 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16284 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 1 0 Amount of Each Disbursement this Period 3466.06
B.	Full Name (Last, First, Middle Initial) William Gheen Mailing Address PO Box 30966 City Raleigh State NC Zip Code 27622 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16320 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 1 0 Amount of Each Disbursement this Period 3466.06
C.	Full Name (Last, First, Middle Initial) William Gheen Mailing Address PO Box 30966 City Raleigh State NC Zip Code 27622 Purpose of Disbursement Reimbursement Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16325 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 0 Amount of Each Disbursement this Period 311.35

SUBTOTAL of Disbursements This Page (optional) ▶

7243.47

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 53 / 56

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

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

A. Full Name (Last, First, Middle Initial) National Car Rental Mailing Address 6929 North Lakewood Avenue Suite 100 City Tulsa State OK Zip Code 74117-1808 Purpose of Disbursement Car Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16325.0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 311.35 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) William Gheen Mailing Address PO Box 30966 City Raleigh State NC Zip Code 27622 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16365 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 3466.06

SUBTOTAL of Disbursements This Page (optional) ►

3466.06

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

39384.99

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 54 / 56

<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)
Americans for Legal Immigration PAC

A.

Full Name (Last, First, Middle Initial)
JD HAYWORTH

Mailing Address PO BOX 28604

City SCOTTSDALE State AZ Zip Code 85255

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB23.16333

Date of Disbursement

06 / 01 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

**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)

PAGE 55 / 56

<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)

Faye Joseph

Mailing Address 211 Glasgow Rd

City Cary State NC Zip Code 27311

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB28A.16331

Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

5200.00

SUBTOTAL of Disbursements This Page (optional)

5200.00

TOTAL This Period (last page this line number only)

5200.00

A. Form/Schedule : **SB28A**

Last contribution exceeded legal limit.

Transaction ID : **SB28A.16331**