

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Immigrants' List

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

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

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)  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  /  /  through  /  /

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

Type or Print Name of Treasurer

Signature of Treasurer  [Electronically Filed] Date  /  /

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Immigrants' List**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="31466.69"/>	<input type="text" value="31466.69"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="27951.06"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="10155.73"/>	<input type="text" value="62440.04"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="38106.79"/>	<input type="text" value="93906.73"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="25855.23"/>	<input type="text" value="81655.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="12251.56"/>	<input type="text" value="12251.56"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Immigrants' List**

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).....	9200.00	54175.00
(ii) Unitemized .....	955.00	8263.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10155.00	62438.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	10155.00	62438.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.73	2.04
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	10155.73	62440.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10155.73	62440.04

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	13105.23	63905.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	13105.23	63905.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12750.00	17750.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	25855.23	81655.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25855.23	81655.17

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	10155.00	62438.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10155.00	62438.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	13105.23	63905.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13105.23	63905.17



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

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

**A. Robert Gibbs**  
Full Name (Last, First, Middle Initial)

Mailing Address 21901 Vashon Hwy SW  
Suite 1600

City Vashon State WA Zip Code 98070

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

Name of Employer: Self employed Occupation: Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 14 / 2014  
**Transaction ID : C8888328**

Amount of Each Receipt this Period: 100.00

**B. Robert Gibbs**  
Full Name (Last, First, Middle Initial)

Mailing Address 21901 Vashon Hwy SW  
Suite 1600

City Vashon State WA Zip Code 98070

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

Name of Employer: Self employed Occupation: Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 12 / 2014  
**Transaction ID : C8968710**

Amount of Each Receipt this Period: 100.00

**C. Robert Gibbs**  
Full Name (Last, First, Middle Initial)

Mailing Address 21901 Vashon Hwy SW  
Suite 1600

City Vashon State WA Zip Code 98070

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

Name of Employer: Self employed Occupation: Attorney

Receipt For: 2014  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 12 / 2014  
**Transaction ID : C9080038**

Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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

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

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

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

**A. Amy Novick**  
Full Name (Last, First, Middle Initial)

Mailing Address 1555 Connecticut Ave., NW #200

City Washington State DC Zip Code 20036

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

Name of Employer Haynes Novick Immigration Occupation Immigration Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 01 / 2014  
**Transaction ID : C8888325**

Amount of Each Receipt this Period 1000.00

**B. Gordon Quan**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 W. Terrace

City Houston State TX Zip Code 77007

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

Name of Employer Foster Quan Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 22 / 2014  
**Transaction ID : C8927236**

Amount of Each Receipt this Period 500.00

**C. Ted Ruthizer**  
Full Name (Last, First, Middle Initial)

Mailing Address 522 West End Avenue Apt. 10A

City New York State NY Zip Code 10024

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

Name of Employer Kramer Levin Naftalis & Frankel LLP Occupation Attorney

Receipt For: 2014  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 11 / 2014  
**Transaction ID : C9017980**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

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



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

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

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

**A. Denyse Sabagh**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1728 Lamont St NW  
N.W.  
City Washington State DC Zip Code 20010-2602  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Duane Morris Occupation attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
07 / 02 / 2014  
**Transaction ID : C8888371**  
Amount of Each Receipt this Period  
5000.00

**B. Marcine Seid**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1530 The Alameda #310  
Suite 310  
City San Jose State CA Zip Code 95126  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Law Offices of Marcine Seid Occupation Immigration Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3250.00

Date of Receipt  
07 / 16 / 2014  
**Transaction ID : C8888330**  
Amount of Each Receipt this Period  
250.00

**c. Marcine Seid**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1530 The Alameda #310  
Suite 310  
City San Jose State CA Zip Code 95126  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Law Offices of Marcine Seid Occupation Immigration Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3250.00

Date of Receipt  
08 / 18 / 2014  
**Transaction ID : C8968706**  
Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 16  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Immigrants' List**

**A. Vera Weisz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9911 W Pico Blvd  
City Los Angeles State CA Zip Code 90035  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Law Office of Vera A Weisz Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 02 / 2014  
**Transaction ID : C8860954**  
Amount of Each Receipt this Period  
100.00

**B. Vera Weisz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9911 W Pico Blvd  
City Los Angeles State CA Zip Code 90035  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Law Office of Vera A Weisz Occupation Attorney  
Receipt For: 2014  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 23 / 2014  
**Transaction ID : C9037659**  
Amount of Each Receipt this Period  
500.00

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9200.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Authorize Net Gateway**

Mailing Address 1700 Connecticut Ave NW

City Washington State DC Zip Code 20009-1134

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2014

**Transaction ID : D602739**

Amount of Each Disbursement this Period

31.40

Full Name (Last, First, Middle Initial)

**B. Authorize Net Gateway**

Mailing Address 1700 Connecticut Ave NW

City Washington State DC Zip Code 20009-1134

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2014

**Transaction ID : D602740**

Amount of Each Disbursement this Period

31.40

Full Name (Last, First, Middle Initial)

**C. Authorize Net Gateway**

Mailing Address 1700 Connecticut Ave NW

City Washington State DC Zip Code 20009-1134

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2014

**Transaction ID : D602741**

Amount of Each Disbursement this Period

32.45

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

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

95.25

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Crossroads Campaigns**

Mailing Address PO Box 66811

City Washington State DC Zip Code 20035-6811

Purpose of Disbursement  
Strategic consulting fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 01 / 2014

**Transaction ID : D578936**

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**B. Crossroads Campaigns**

Mailing Address PO Box 66811

City Washington State DC Zip Code 20035-6811

Purpose of Disbursement  
Strategic consulting fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2014

**Transaction ID : D577888**

Amount of Each Disbursement this Period

2777.12

Full Name (Last, First, Middle Initial)

**C. Crossroads Campaigns**

Mailing Address PO Box 66811

City Washington State DC Zip Code 20035-6811

Purpose of Disbursement  
Strategic consulting fee including Legal Services, Supplies, Advertising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2014

**Transaction ID : D578941**

Amount of Each Disbursement this Period

4329.70

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

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

10606.82

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Cybersource**

Mailing Address 1295 Charleston Rd.

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2014

**Transaction ID : D579864**

Amount of Each Disbursement this Period

100.74

Full Name (Last, First, Middle Initial)

**B. Cybersource**

Mailing Address 1295 Charleston Rd.

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2014

**Transaction ID : D577894**

Amount of Each Disbursement this Period

75.85

Full Name (Last, First, Middle Initial)

**C. Cybersource**

Mailing Address 1295 Charleston Rd.

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Credit card processing fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2014

**Transaction ID : D578561**

Amount of Each Disbursement this Period

48.74

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

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

225.33

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. NGP VAN INC**

Mailing Address 1101 15th Street NW  
#500

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Quarterly fee for NGP Campaign Software

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2014

**Transaction ID : D578940**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Sandler, Reiff, Young & Lamb, P.C.**

Mailing Address 1025 Vermont Ave, N.W.  
Ste 300

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Legal fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2014

**Transaction ID : D577890**

Amount of Each Disbursement this Period

1170.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1920.00

12847.40

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Bruce Braley for Iowa**

Mailing Address PO Box 856

City Des Moines State IA Zip Code 50304-0856

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Bruce L Braley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	4

**Transaction ID : D584698**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. DUCKWORTH FOR CONGRESS**

Mailing Address P.O. BOX 59568

City SCHAUMBURG State IL Zip Code 60159

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**L. TAMMY DUCKWORTH**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

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

**Transaction ID : D578734**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Mowrer for Iowa**

Mailing Address PO Box 9

City Boone State IA Zip Code 50036

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Jim Mowrer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

**Transaction ID : D583013**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

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

7	0	0	0	0	0	0	0	0	0

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

7	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Recchia for Congress**

Mailing Address 172 Gravesend Neck Road

City State Zip Code  
Brooklyn NY 11223

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Domenic M. Recchia Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2014

**Transaction ID : D571604**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Recchia for Congress**

Mailing Address 172 Gravesend Neck Road

City State Zip Code  
Brooklyn NY 11223

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Domenic M. Recchia Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2014

**Transaction ID : D581975**

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**C. Udall for Colorado**

Mailing Address PO Box 40158

City State Zip Code  
Denver CO 80204-0158

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**Mark E Udall**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

**Transaction ID : D583005**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5750.00
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12750.00
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