

# 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.

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER**

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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Americans for Legal Immigration PAC

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="2015"/>	<input type="text" value="1013.85"/>	<input type="text" value="1013.85"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1013.85"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="69717.44"/>	<input type="text" value="69717.44"/>
(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="70731.29"/>	<input type="text" value="70731.29"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="62091.12"/>	<input type="text" value="62091.12"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8640.17"/>	<input type="text" value="8640.17"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Americans for Legal Immigration PAC

Report Covering the Period: From: 01 / 01 / 2015 To: 06 / 30 / 2015

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).....	20458.00	20458.00
(ii) Unitemized .....	45871.94	45871.94
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	66329.94	66329.94
(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) .....	66329.94	66329.94
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).....	528.20	528.20
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2859.30	2859.30
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))..... ▶	69717.44	69717.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	69717.44	69717.44

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	62091.12	62091.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	62091.12	62091.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent 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)) ..	62091.12	62091.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	62091.12	62091.12

**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) .....	66329.94	66329.94
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	66329.94	66329.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	62091.12	62091.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	528.20	528.20
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	61562.92	61562.92

**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 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Ricky Anderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4321 Hamm Rd  
City Barboursville State VA Zip Code 22923  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Northrop Grumman Occupation Engineer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.00

Date of Receipt 02 / 09 / 2015  
**Transaction ID : SA11AI.25461**  
Amount of Each Receipt this Period 100.00  
Donation

**B. Ricky Anderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4321 Hamm Rd  
City Barboursville State VA Zip Code 22923  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Northrop Grumman Occupation Engineer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00

Date of Receipt 05 / 11 / 2015  
**Transaction ID : SA11AI.25462**  
Amount of Each Receipt this Period 100.00  
Donation

**C. Ricky Anderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4321 Hamm Rd  
City Barboursville State VA Zip Code 22923  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Northrop Grumman Occupation Engineer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 26 / 2015  
**Transaction ID : SA11AI.25463**  
Amount of Each Receipt this Period 100.00  
Donation

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 83
	(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

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

Full Name (Last, First, Middle Initial)  
**A. Ricky Anderson**

Mailing Address 4321 Hamm Rd

City Barboursville	State VA	Zip Code 22923
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FEC ID number of contributing federal political committee. **C**

Name of Employer Northrop Grumman	Occupation Engineer
--------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : SA11AI.25464**

Amount of Each Receipt this Period  

100.00	100.00	100.00
<b>50.00</b>		

**Donation**

Full Name (Last, First, Middle Initial)  
**B. Nancy Jo Baratti**

Mailing Address 3050 Nassau Drive

City Brookfield	State WI	Zip Code 53045
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Self-Employed
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **25.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2015

**Transaction ID : SA11AI.25465**

Amount of Each Receipt this Period  

100.00	100.00	100.00
<b>25.00</b>		

**Donation**

Full Name (Last, First, Middle Initial)  
**C. Nancy Jo Baratti**

Mailing Address 3050 Nassau Drive

City Brookfield	State WI	Zip Code 53045
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Self-Employed
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2015

**Transaction ID : SA11AI.25468**

Amount of Each Receipt this Period  

100.00	100.00	100.00
<b>25.00</b>		

**Donation**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 83
	(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

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

**A. Nancy Jo Baratti**  
Full Name (Last, First, Middle Initial)

Mailing Address 3050 Nassau Drive

City Brookfield State WI Zip Code 53045

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

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11AI.25469**

Amount of Each Receipt this Period  
 50.00

Donation

**B. Nancy Jo Baratti**  
Full Name (Last, First, Middle Initial)

Mailing Address 3050 Nassau Drive

City Brookfield State WI Zip Code 53045

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

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2015  
**Transaction ID : SA11AI.25470**

Amount of Each Receipt this Period  
 25.00

Donation

**C. Nancy Jo Baratti**  
Full Name (Last, First, Middle Initial)

Mailing Address 3050 Nassau Drive

City Brookfield State WI Zip Code 53045

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

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2015  
**Transaction ID : SA11AI.25467**

Amount of Each Receipt this Period  
 100.00

Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00

**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 OF 83  
(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**

Full Name (Last, First, Middle Initial)  
**A. Nancy Jo Baratti**

Mailing Address 3050 Nassau Drive

City Brookfield	State WI	Zip Code 53045
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Self-Employed
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

**Transaction ID : SA11AI.25466**

Amount of Each Receipt this Period  
100.00

Donation

Full Name (Last, First, Middle Initial)  
**B. Jo Ann Baughman**

Mailing Address PO Box 1269

City Philomath	State OR	Zip Code 97370
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
94.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	04	/	2015

**Transaction ID : SA11AI.25510**

Amount of Each Receipt this Period  
94.00

Donation

Full Name (Last, First, Middle Initial)  
**C. Jo Ann Baughman**

Mailing Address PO Box 1269

City Philomath	State OR	Zip Code 97370
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
184.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	10	/	2015

**Transaction ID : SA11AI.25511**

Amount of Each Receipt this Period  
90.00

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	284.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 83  
(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**

Full Name (Last, First, Middle Initial)  
**A. Jo Ann Baughman**

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **279.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 15 / 2015**

**Transaction ID : SA11AI.25512**

Amount of Each Receipt this Period  
**95.00**

Donation

Full Name (Last, First, Middle Initial)  
**B. Jo Ann Baughman**

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **377.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 18 / 2015**

**Transaction ID : SA11AI.25513**

Amount of Each Receipt this Period  
**98.00**

Donation

Full Name (Last, First, Middle Initial)  
**C. Jo Ann Baughman**

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **467.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 20 / 2015**

**Transaction ID : SA11AI.25515**

Amount of Each Receipt this Period  
**90.00**

Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **283.00**

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

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

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

FOR LINE NUMBER: PAGE 11 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Jo Ann Baughman**

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 23 / 2015**

**Transaction ID : SA11AI.25516**

Amount of Each Receipt this Period  
**93.00**

Donation

Full Name (Last, First, Middle Initial)  
**B. Jo Ann Baughman**

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **655.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 25 / 2015**

**Transaction ID : SA11AI.25517**

Amount of Each Receipt this Period  
**95.00**

Donation

Full Name (Last, First, Middle Initial)  
**C. Jo Ann Baughman**

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **751.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 26 / 2015**

**Transaction ID : SA11AI.25518**

Amount of Each Receipt this Period  
**96.00**

Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **284.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 83							
	<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
	<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. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **841.00**

Date of Receipt  
**01 / 30 / 2015**  
Transaction ID : **SA11AI.25565**

Amount of Each Receipt this Period  
**90.00**

Donation

**B. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **932.00**

Date of Receipt  
**02 / 01 / 2015**  
Transaction ID : **SA11AI.25520**

Amount of Each Receipt this Period  
**91.00**

Donation

**C. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1024.00**

Date of Receipt  
**02 / 02 / 2015**  
Transaction ID : **SA11AI.25521**

Amount of Each Receipt this Period  
**92.00**

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>273.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Americans for Legal Immigration PAC**

**A. Jo Ann Baughman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1269  
 City Philomath State OR Zip Code 97370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1117.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2015  
**Transaction ID : SA11AI.25522**  
 Amount of Each Receipt this Period 93.00  
 Donation

**B. Jo Ann Baughman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1269  
 City Philomath State OR Zip Code 97370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1212.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2015  
**Transaction ID : SA11AI.25523**  
 Amount of Each Receipt this Period 95.00  
 Donation

**C. Jo Ann Baughman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1269  
 City Philomath State OR Zip Code 97370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1308.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2015  
**Transaction ID : SA11AI.25524**  
 Amount of Each Receipt this Period 96.00  
 Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	284.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 83  
(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. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1406.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 08 / 2015**

**Transaction ID : SA11AI.25525**

Amount of Each Receipt this Period  
**98.00**

Donation

**B. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1505.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 09 / 2015**

**Transaction ID : SA11AI.25526**

Amount of Each Receipt this Period  
**99.00**

Donation

**C. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1595.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 10 / 2015**

**Transaction ID : SA11AI.25527**

Amount of Each Receipt this Period  
**90.00**

Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **287.00**

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

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

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

FOR LINE NUMBER: PAGE 15 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Jo Ann Baughman**

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1689.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2015  
**Transaction ID : SA11AI.25528**

Amount of Each Receipt this Period  
94.00

Donation

Full Name (Last, First, Middle Initial)  
**B. Jo Ann Baughman**

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1784.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2015  
**Transaction ID : SA11AI.25529**

Amount of Each Receipt this Period  
95.00

Donation

Full Name (Last, First, Middle Initial)  
**C. Jo Ann Baughman**

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1881.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2015  
**Transaction ID : SA11AI.25530**

Amount of Each Receipt this Period  
97.00

Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 286.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jo Ann Baughman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1269  
 City Philomath State OR Zip Code 97370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1980.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015  
**Transaction ID : SA11AI.25531**  
 Amount of Each Receipt this Period  
 99.00  
 Donation

**B. Jo Ann Baughman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1269  
 City Philomath State OR Zip Code 97370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2071.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2015  
**Transaction ID : SA11AI.25532**  
 Amount of Each Receipt this Period  
 91.00  
 Donation

**C. Jo Ann Baughman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1269  
 City Philomath State OR Zip Code 97370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2168.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015  
**Transaction ID : SA11AI.25533**  
 Amount of Each Receipt this Period  
 97.00  
 Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 287.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 17 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Jo Ann Baughman**

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2259.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2015  
**Transaction ID : SA11AI.25534**

Amount of Each Receipt this Period  
91.00

Donation

Full Name (Last, First, Middle Initial)  
**B. Jo Ann Baughman**

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2351.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : SA11AI.25535**

Amount of Each Receipt this Period  
92.00

Donation

Full Name (Last, First, Middle Initial)  
**C. Jo Ann Baughman**

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2443.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2015  
**Transaction ID : SA11AI.25536**

Amount of Each Receipt this Period  
92.00

Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
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**A. Jo Ann Baughman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1269  
 City Philomath State OR Zip Code 97370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2534.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11AI.25537**  
 Amount of Each Receipt this Period 91.00  
 Donation

**B. Jo Ann Baughman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1269  
 City Philomath State OR Zip Code 97370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2626.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2015  
**Transaction ID : SA11AI.25538**  
 Amount of Each Receipt this Period 92.00  
 Donation

**C. Jo Ann Baughman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1269  
 City Philomath State OR Zip Code 97370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2722.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : SA11AI.25539**  
 Amount of Each Receipt this Period 96.00  
 Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 279.00  
**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 19 OF 83  
(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. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1269

City Philomath	State OR	Zip Code 97370
-------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2815.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2015

**Transaction ID : SA11AI.25540**

Amount of Each Receipt this Period  
93.00

Donation

**B. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1269

City Philomath	State OR	Zip Code 97370
-------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2912.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2015

**Transaction ID : SA11AI.25541**

Amount of Each Receipt this Period  
97.00

Donation

**C. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1269

City Philomath	State OR	Zip Code 97370
-------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3011.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2015

**Transaction ID : SA11AI.25542**

Amount of Each Receipt this Period  
99.00

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	289.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
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Full Name (Last, First, Middle Initial)  
**A. Jo Ann Baughman**

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3103.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2015  
**Transaction ID : SA11AI.25543**

Amount of Each Receipt this Period  
92.00

Donation

Full Name (Last, First, Middle Initial)  
**B. Jo Ann Baughman**

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3199.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2015  
**Transaction ID : SA11AI.25544**

Amount of Each Receipt this Period  
96.00

Donation

Full Name (Last, First, Middle Initial)  
**C. Jo Ann Baughman**

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3296.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11AI.25545**

Amount of Each Receipt this Period  
97.00

Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 285.00

**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 21 OF 83
	<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. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3391.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 05 / 2015**

**Transaction ID : SA11AI.25546**

Amount of Each Receipt this Period  
**95.00**

Donation

**B. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3481.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 10 / 2015**

**Transaction ID : SA11AI.25547**

Amount of Each Receipt this Period  
**90.00**

Donation

**C. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3577.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 16 / 2015**

**Transaction ID : SA11AI.25548**

Amount of Each Receipt this Period  
**96.00**

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>281.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 83
	<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. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3675.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 18 / 2015**

**Transaction ID : SA11AI.25549**

Amount of Each Receipt this Period  
**98.00**

Donation

**B. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3774.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 19 / 2015**

**Transaction ID : SA11AI.25550**

Amount of Each Receipt this Period  
**99.00**

Donation

**C. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3866.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 22 / 2015**

**Transaction ID : SA11AI.25551**

Amount of Each Receipt this Period  
**92.00**

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>289.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 83
	<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. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3960.00

Date of Receipt  
05 / 24 / 2015  
Transaction ID : SA11AI.25552

Amount of Each Receipt this Period  
94.00

Donation

**B. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4058.00

Date of Receipt  
05 / 28 / 2015  
Transaction ID : SA11AI.25553

Amount of Each Receipt this Period  
98.00

Donation

**C. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4151.00

Date of Receipt  
06 / 03 / 2015  
Transaction ID : SA11AI.25554

Amount of Each Receipt this Period  
93.00

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	285.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 24 OF 83  
(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. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1269

City Philomath	State OR	Zip Code 97370
-------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4247.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2015

**Transaction ID : SA11AI.25555**

Amount of Each Receipt this Period  
96.00

Donation

**B. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1269

City Philomath	State OR	Zip Code 97370
-------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4345.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

**Transaction ID : SA11AI.25556**

Amount of Each Receipt this Period  
98.00

Donation

**C. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1269

City Philomath	State OR	Zip Code 97370
-------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4437.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

**Transaction ID : SA11AI.25557**

Amount of Each Receipt this Period  
92.00

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	286.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 83
	<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. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4533.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2015  
**Transaction ID : SA11AI.25558**

Amount of Each Receipt this Period  
96.00

Donation

**B. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4623.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2015  
**Transaction ID : SA11AI.25559**

Amount of Each Receipt this Period  
90.00

Donation

**C. Jo Ann Baughman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1269

City Philomath State OR Zip Code 97370

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4714.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 21 / 2015  
**Transaction ID : SA11AI.25560**

Amount of Each Receipt this Period  
91.00

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	277.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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. Jo Ann Baughman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1269  
 City Philomath State OR Zip Code 97370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **4808.00**

Date of Receipt **06 / 24 / 2015**  
**Transaction ID : SA11AI.25561**  
 Amount of Each Receipt this Period **94.00**  
 Donation

**B. Jo Ann Baughman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1269  
 City Philomath State OR Zip Code 97370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **4905.00**

Date of Receipt **06 / 27 / 2015**  
**Transaction ID : SA11AI.25562**  
 Amount of Each Receipt this Period **97.00**  
 Donation

**C. Jo Ann Baughman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1269  
 City Philomath State OR Zip Code 97370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5003.00**

Date of Receipt **06 / 28 / 2015**  
**Transaction ID : SA11AI.25563**  
 Amount of Each Receipt this Period **98.00**  
 Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>289.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 27 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Matthew Fuchs**

Mailing Address 3471 Cleveland Ave

City State Zip Code  
Grove City OH 43123

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 ▼  
100.00

Date of Receipt  
 /  /   
 01 / 09 / 2015  
**Transaction ID : SA11AI.25426**

Amount of Each Receipt this Period  
100.00

Donation

Full Name (Last, First, Middle Initial)  
**B. Matthew Fuchs**

Mailing Address 3471 Cleveland Ave

City State Zip Code  
Grove City OH 43123

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 ▼  
150.00

Date of Receipt  
 /  /   
 04 / 27 / 2015  
**Transaction ID : SA11AI.25427**

Amount of Each Receipt this Period  
50.00

Donation

Full Name (Last, First, Middle Initial)  
**C. Matthew Fuchs**

Mailing Address 3471 Cleveland Ave

City State Zip Code  
Grove City OH 43123

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 ▼  
650.00

Date of Receipt  
 /  /   
 06 / 25 / 2015  
**Transaction ID : SA11AI.25428**

Amount of Each Receipt this Period  
500.00

Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. John W. Gleeson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7626 South Shenandoah Dr.  
 City Elizabeth State CO Zip Code 80107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Qwest Comm Occupation Computer Systems Engineer, Information  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2015  
**Transaction ID : SA11AI.25429**  
 Amount of Each Receipt this Period  
 50.00  
 Donation

**B. John W. Gleeson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7626 South Shenandoah Dr.  
 City Elizabeth State CO Zip Code 80107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Qwest Comm Occupation Computer Systems Engineer, Information  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11AI.25430**  
 Amount of Each Receipt this Period  
 100.00  
 Donation

**C. John W. Gleeson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7626 South Shenandoah Dr.  
 City Elizabeth State CO Zip Code 80107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Qwest Comm Occupation Computer Systems Engineer, Information  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2015  
**Transaction ID : SA11AI.25431**  
 Amount of Each Receipt this Period  
 100.00  
 Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 83
	(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

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

Full Name (Last, First, Middle Initial) <b>A. HESSIE HARRIS</b>		Date of Receipt 01 / 21 / 2015 <b>Transaction ID : SA11AI.25432</b>
Mailing Address 12901 Bluet Lane		Amount of Each Receipt this Period 1000.00
City Silver Springs	State MD	Zip Code 20906
FEC ID number of contributing federal political committee. C	Donation	
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	

Full Name (Last, First, Middle Initial) <b>B. HESSIE HARRIS</b>		Date of Receipt 01 / 25 / 2015 <b>Transaction ID : SA11AI.25433</b>
Mailing Address 12901 Bluet Lane		Amount of Each Receipt this Period 2000.00
City Silver Springs	State MD	Zip Code 20906
FEC ID number of contributing federal political committee. C	Donation	
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 ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. HESSIE HARRIS</b>		Date of Receipt 02 / 12 / 2015 <b>Transaction ID : SA11AI.25434</b>
Mailing Address 12901 Bluet Lane		Amount of Each Receipt this Period 1000.00
City Silver Springs	State MD	Zip Code 20906
FEC ID number of contributing federal political committee. C	Donation	
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 ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Americans for Legal Immigration PAC**

**A. Hessie Harris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12901 Bluet Lane  
 City Silver Springs State MD Zip Code 20906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Compliance, Inc. Occupation General Worker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2015  
**Transaction ID : SA11AI.25435**  
 Amount of Each Receipt this Period  
 100.00  
 Donation

**B. Hessie Harris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12901 Bluet Lane  
 City Silver Springs State MD Zip Code 20906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Compliance, Inc. Occupation General Worker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015  
**Transaction ID : SA11AI.25436**  
 Amount of Each Receipt this Period  
 500.00  
 Donation

**C. Leslie Hay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 563 Cloverdale Rd  
 City Montgomery State AL Zip Code 36106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State of AL Occupation IT Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2015  
**Transaction ID : SA11AI.25437**  
 Amount of Each Receipt this Period  
 100.00  
 Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Leslie Hay</b>		Date of Receipt MM / DD / YYYY 05 / 26 / 2015 <b>Transaction ID : SA11AI.25438</b>
Mailing Address 563 Cloverdale Rd		Amount of Each Receipt this Period 200.00
City Montgomery	State AL	Zip Code 36106
FEC ID number of contributing federal political committee. C	Donation	
Name of Employer State of AL	Occupation IT Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Anthony Ireland</b>		Date of Receipt MM / DD / YYYY 01 / 30 / 2015 <b>Transaction ID : SA11AI.25440</b>
Mailing Address 7964 Shantung Dr		Amount of Each Receipt this Period 100.00
City Santee	State CA	Zip Code 92071
FEC ID number of contributing federal political committee. C	Donation	
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 ▼ 100.00	

Full Name (Last, First, Middle Initial) <b>C. Anthony Ireland</b>		Date of Receipt MM / DD / YYYY 02 / 19 / 2015 <b>Transaction ID : SA11AI.25439</b>
Mailing Address 7964 Shantung Dr		Amount of Each Receipt this Period 1000.00
City Santee	State CA	Zip Code 92071
FEC ID number of contributing federal political committee. C	Donation	
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 ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 83
	<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**

Full Name (Last, First, Middle Initial)  
**A. Anthony Ireland**

Mailing Address 7964 Shantung Dr

City Santee	State CA	Zip Code 92071
----------------	-------------	-------------------

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 ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

**Transaction ID : SA11AI.25441**

Amount of Each Receipt this Period  
150.00

Donation

Full Name (Last, First, Middle Initial)  
**B. Anthony Ireland**

Mailing Address 7964 Shantung Dr

City Santee	State CA	Zip Code 92071
----------------	-------------	-------------------

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 ▼  
1350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

**Transaction ID : SA11AI.25442**

Amount of Each Receipt this Period  
100.00

Donation

Full Name (Last, First, Middle Initial)  
**C. Anthony Ireland**

Mailing Address 7964 Shantung Dr

City Santee	State CA	Zip Code 92071
----------------	-------------	-------------------

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 ▼  
1450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

**Transaction ID : SA11AI.25443**

Amount of Each Receipt this Period  
100.00

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 33 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Stuart C. Jones**

Mailing Address 50 Delaney Dr

City Lynchburg      State VA      Zip Code 24501

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 ▼  
 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2015  
**Transaction ID : SA11AI.25444**

Amount of Each Receipt this Period  
 200.00

Donation

Full Name (Last, First, Middle Initial)  
**B. Stuart C. Jones**

Mailing Address 50 Delaney Dr

City Lynchburg      State VA      Zip Code 24501

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  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2015  
**Transaction ID : SA11AI.25445**

Amount of Each Receipt this Period  
 100.00

Donation

Full Name (Last, First, Middle Initial)  
**c. Stuart C. Jones**

Mailing Address 50 Delaney Dr

City Lynchburg      State VA      Zip Code 24501

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 ▼  
 320.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015  
**Transaction ID : SA11AI.25446**

Amount of Each Receipt this Period  
 20.00

Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 320.00

**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 34 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 2 Tallwood Road

City State Zip Code  
Augusta ME 43330-4928

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 ▼  
75.00

Date of Receipt  
 /  /   
 02 / 10 / 2015  
**Transaction ID : SA11AI.25447**

Amount of Each Receipt this Period  
75.00

Donation

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

Mailing Address 2 Tallwood Road

City State Zip Code  
Augusta ME 43330-4928

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 ▼  
125.00

Date of Receipt  
 /  /   
 04 / 21 / 2015  
**Transaction ID : SA11AI.25448**

Amount of Each Receipt this Period  
50.00

Donation

Full Name (Last, First, Middle Initial)  
**C. Michael Jose**

Mailing Address 2 Tallwood Road

City State Zip Code  
Augusta ME 43330-4928

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 ▼  
225.00

Date of Receipt  
 /  /   
 06 / 15 / 2015  
**Transaction ID : SA11AI.25449**

Amount of Each Receipt this Period  
100.00

Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**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 35 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. William McCraw**

Mailing Address 1600 Condor Court

City State Zip Code  
Chesapeake VA 23321

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

Name of Employer Occupation  
Hewlett Packard Best Effort

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : SA11AI.25455**

Amount of Each Receipt this Period  
100.00

Donation

Full Name (Last, First, Middle Initial)  
**B. William McCraw**

Mailing Address 1600 Condor Court

City State Zip Code  
Chesapeake VA 23321

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

Name of Employer Occupation  
Hewlett Packard Best Effort

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2015  
**Transaction ID : SA11AI.25456**

Amount of Each Receipt this Period  
100.00

Donation

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

Mailing Address 1600 Condor Court

City State Zip Code  
Chesapeake VA 23321

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

Name of Employer Occupation  
Hewlett Packard Best Effort

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 27 / 2015  
**Transaction ID : SA11AI.25457**

Amount of Each Receipt this Period  
100.00

Donation

**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 36 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Americans for Legal Immigration PAC**

Full Name (Last, First, Middle Initial)  
**A. Susan Meiklejohn**

Mailing Address 4331 Turner Ave

City Jacksonville State FL Zip Code 32207

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 ▼  
100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 23 / 2015  
**Transaction ID : SA11AI.25458**

Amount of Each Receipt this Period  
100.00

Donation

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

Mailing Address 4331 Turner Ave

City Jacksonville State FL Zip Code 32207

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 ▼  
200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2015  
**Transaction ID : SA11AI.25459**

Amount of Each Receipt this Period  
100.00

Donation

Full Name (Last, First, Middle Initial)  
**C. Susan Meiklejohn**

Mailing Address 4331 Turner Ave

City Jacksonville State FL Zip Code 32207

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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2015  
**Transaction ID : SA11AI.25460**

Amount of Each Receipt this Period  
100.00

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 83
	<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**

Full Name (Last, First, Middle Initial)  
**A. Roy Porter**

Mailing Address 1711 Gosnell Rd., #T2

City Vienna	State VA	Zip Code 22182
----------------	-------------	-------------------

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 ▼  
100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	04	/	2015

**Transaction ID : SA11AI.25450**

Amount of Each Receipt this Period  
100.00

Donation

Full Name (Last, First, Middle Initial)  
**B. Roy Porter**

Mailing Address 1711 Gosnell Rd., #T2

City Vienna	State VA	Zip Code 22182
----------------	-------------	-------------------

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 ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2015

**Transaction ID : SA11AI.25451**

Amount of Each Receipt this Period  
100.00

Donation

Full Name (Last, First, Middle Initial)  
**C. Roy Porter**

Mailing Address 1711 Gosnell Rd., #T2

City Vienna	State VA	Zip Code 22182
----------------	-------------	-------------------

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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2015

**Transaction ID : SA11AI.25452**

Amount of Each Receipt this Period  
500.00

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 83
	(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

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

Full Name (Last, First, Middle Initial)  
**A. Roy Porter**

Mailing Address 1711 Gosnell Rd., #T2

City Vienna	State VA	Zip Code 22182
----------------	-------------	-------------------

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 ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2015

**Transaction ID : SA11AI.25453**

Amount of Each Receipt this Period  
50.00

Donation

Full Name (Last, First, Middle Initial)  
**B. Roy Porter**

Mailing Address 1711 Gosnell Rd., #T2

City Vienna	State VA	Zip Code 22182
----------------	-------------	-------------------

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 ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

**Transaction ID : SA11AI.25454**

Amount of Each Receipt this Period  
50.00

Donation

Full Name (Last, First, Middle Initial)  
**c. Chad Quimby**

Mailing Address 11800 Sunset Hill Road #211

City Reston	State VA	Zip Code 20190
----------------	-------------	-------------------

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 ▼  
100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2015

**Transaction ID : SA11AI.25507**

Amount of Each Receipt this Period  
100.00

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 83
	<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. Chad Quimby**  
Full Name (Last, First, Middle Initial)

Mailing Address 11800 Sunset Hill Road  
#211

City Reston State VA Zip Code 20190

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 ▼  
200.00

Date of Receipt  
02 / 01 / 2015  
Transaction ID : SA11AI.25506

Amount of Each Receipt this Period  
100.00

Donation

**B. Chad Quimby**  
Full Name (Last, First, Middle Initial)

Mailing Address 11800 Sunset Hill Road  
#211

City Reston State VA Zip Code 20190

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  
02 / 10 / 2015  
Transaction ID : SA11AI.25505

Amount of Each Receipt this Period  
100.00

Donation

**C. Chad Quimby**  
Full Name (Last, First, Middle Initial)

Mailing Address 11800 Sunset Hill Road  
#211

City Reston State VA Zip Code 20190

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 ▼  
400.00

Date of Receipt  
06 / 12 / 2015  
Transaction ID : SA11AI.25503

Amount of Each Receipt this Period  
100.00

Donation

**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 40 OF 83
	<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. Richard D. Reamer**  
Full Name (Last, First, Middle Initial)

Mailing Address 1902 Ardenwood Ter

City Crofton State MD Zip Code 21114-1701

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

Name of Employer Service Power Occupation Computer Software

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **70.00**

Date of Receipt **01 / 18 / 2015**

**Transaction ID : SA11AI.25499**

Amount of Each Receipt this Period **70.00**

Donation

**B. Richard D. Reamer**  
Full Name (Last, First, Middle Initial)

Mailing Address 1902 Ardenwood Ter

City Crofton State MD Zip Code 21114-1701

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

Name of Employer Service Power Occupation Computer Software

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **145.00**

Date of Receipt **02 / 09 / 2015**

**Transaction ID : SA11AI.25500**

Amount of Each Receipt this Period **75.00**

Donation

**C. Richard D. Reamer**  
Full Name (Last, First, Middle Initial)

Mailing Address 1902 Ardenwood Ter

City Crofton State MD Zip Code 21114-1701

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

Name of Employer Service Power Occupation Computer Software

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **195.00**

Date of Receipt **04 / 20 / 2015**

**Transaction ID : SA11AI.25501**

Amount of Each Receipt this Period **50.00**

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>195.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 OF 83
	(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

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

**A. Richard D. Reamer**  
Full Name (Last, First, Middle Initial)

Mailing Address 1902 Ardenwood Ter

City Crofton State MD Zip Code 21114-1701

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

Name of Employer Service Power Occupation Computer Software

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 09 / 2015**

**Transaction ID : SA11AI.25502**

Amount of Each Receipt this Period  
**75.00**

Donation

**B. Rodney Rigby**  
Full Name (Last, First, Middle Initial)

Mailing Address 15627 Century Drive

City Hudson State FL Zip Code 34667

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 ▼ **100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 04 / 2015**

**Transaction ID : SA11AI.25422**

Amount of Each Receipt this Period  
**100.00**

Donation

**C. Rodney Rigby**  
Full Name (Last, First, Middle Initial)

Mailing Address 15627 Century Drive

City Hudson State FL Zip Code 34667

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 ▼ **200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 25 / 2015**

**Transaction ID : SA11AI.25424**

Amount of Each Receipt this Period  
**100.00**

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>275.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 83
	<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. Rodney Rigby**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15627 Century Drive  
City Hudson State FL Zip Code 34667  
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 / 27 / 2015**  
**Transaction ID : SA11AI.25425**  
Amount of Each Receipt this Period **100.00**  
Donation

**B. Elizabeth K. Van Staaveren**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1008 NW Cascade Way  
City McMinnville State OR Zip Code 97128  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2000.00**

Date of Receipt **01 / 09 / 2015**  
**Transaction ID : SA11AI.25420**  
Amount of Each Receipt this Period **2000.00**  
Donation

**C. Elizabeth K. Van Staaveren**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1008 NW Cascade Way  
City McMinnville State OR Zip Code 97128  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **3000.00**

Date of Receipt **05 / 10 / 2015**  
**Transaction ID : SA11AI.25421**  
Amount of Each Receipt this Period **1000.00**  
Donation

**SUBTOTAL** of Receipts This Page (optional)..... **3100.00**  
**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 43 OF 83
	<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. Karen Woodbury**  
Full Name (Last, First, Middle Initial)

Mailing Address 2720 35th Avenue

City San Francisco State CA Zip Code 94116

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 ▼ 20.00

Date of Receipt  
 01 / 16 / 2015  
**Transaction ID : SA11AI.25497**

Amount of Each Receipt this Period  
 20.00

Donation

**B. Karen Woodbury**  
Full Name (Last, First, Middle Initial)

Mailing Address 2720 35th Avenue

City San Francisco State CA Zip Code 94116

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 ▼ 70.00

Date of Receipt  
 02 / 10 / 2015  
**Transaction ID : SA11AI.25496**

Amount of Each Receipt this Period  
 50.00

Donation

**C. Karen Woodbury**  
Full Name (Last, First, Middle Initial)

Mailing Address 2720 35th Avenue

City San Francisco State CA Zip Code 94116

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 ▼ 90.00

Date of Receipt  
 02 / 16 / 2015  
**Transaction ID : SA11AI.25495**

Amount of Each Receipt this Period  
 20.00

Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

**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 44 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Karen Woodbury**

Mailing Address 2720 35th Avenue

City San Francisco State CA Zip Code 94116

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 ▼ **110.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2015**

**Transaction ID : SA11AI.25494**

Amount of Each Receipt this Period  
**20.00**

Donation

Full Name (Last, First, Middle Initial)  
**B. Karen Woodbury**

Mailing Address 2720 35th Avenue

City San Francisco State CA Zip Code 94116

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 ▼ **130.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 16 / 2015**

**Transaction ID : SA11AI.25493**

Amount of Each Receipt this Period  
**20.00**

Donation

Full Name (Last, First, Middle Initial)  
**C. Karen Woodbury**

Mailing Address 2720 35th Avenue

City San Francisco State CA Zip Code 94116

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 ▼ **230.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 27 / 2015**

**Transaction ID : SA11AI.25492**

Amount of Each Receipt this Period  
**100.00**

Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **140.00**

**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 45 OF 83
	<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**

Full Name (Last, First, Middle Initial) <b>A. Karen Woodbury</b>		Date of Receipt MM / DD / YYYY 05 / 16 / 2015 <b>Transaction ID : SA11AI.25491</b>
Mailing Address 2720 35th Avenue		Amount of Each Receipt this Period 200.00
City San Francisco	State CA	Zip Code 94116
FEC ID number of contributing federal political committee. C		Donation
Name of Employer Best Effort	Occupation Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Karen Woodbury</b>		Date of Receipt MM / DD / YYYY 05 / 20 / 2015 <b>Transaction ID : SA11AI.25490</b>
Mailing Address 2720 35th Avenue		Amount of Each Receipt this Period 100.00
City San Francisco	State CA	Zip Code 94116
FEC ID number of contributing federal political committee. C		Donation
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	

Full Name (Last, First, Middle Initial) <b>C. Karen Woodbury</b>		Date of Receipt MM / DD / YYYY 05 / 26 / 2015 <b>Transaction ID : SA11AI.25489</b>
Mailing Address 2720 35th Avenue		Amount of Each Receipt this Period 100.00
City San Francisco	State CA	Zip Code 94116
FEC ID number of contributing federal political committee. C		Donation
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 ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 83
	<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**

Full Name (Last, First, Middle Initial) <b>A. Karen Woodbury</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2015 <b>Transaction ID : SA11AI.25488</b>
Mailing Address 2720 35th Avenue		Amount of Each Receipt this Period 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 20.00
City San Francisco	State CA	Zip Code 94116
FEC ID number of contributing federal political committee. C		Donation
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 ▼ 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 470.00	

Full Name (Last, First, Middle Initial) <b>B. Karen Woodbury</b>		Date of Receipt MM / DD / YYYY 06 / 26 / 2015 <b>Transaction ID : SA11AI.25487</b>
Mailing Address 2720 35th Avenue		Amount of Each Receipt this Period 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 100.00
City San Francisco	State CA	Zip Code 94116
FEC ID number of contributing federal political committee. C		Donation
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 ▼ 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 570.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Yeary</b>		Date of Receipt MM / DD / YYYY 01 / 05 / 2015 <b>Transaction ID : SA11AI.25471</b>
Mailing Address 1211 Honey Lake St		Amount of Each Receipt this Period 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 50.00
City Las Vegas	State NV	Zip Code 89110
FEC ID number of contributing federal political committee. C		Donation
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 ▼ 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 50.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 47 OF 83
(check only one)	
<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"/>	<input type="checkbox"/> 17

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

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

Mailing Address 1211 Honey Lake St

City Las Vegas	State NV	Zip Code 89110
-------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
01 / 16 / 2015  
**Transaction ID : SA11AI.25472**

Amount of Each Receipt this Period  
50.00

Donation

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

Mailing Address 1211 Honey Lake St

City Las Vegas	State NV	Zip Code 89110
-------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  
01 / 21 / 2015  
**Transaction ID : SA11AI.25473**

Amount of Each Receipt this Period  
50.00

Donation

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

Mailing Address 1211 Honey Lake St

City Las Vegas	State NV	Zip Code 89110
-------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
02 / 07 / 2015  
**Transaction ID : SA11AI.25474**

Amount of Each Receipt this Period  
50.00

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 48 OF 83  
(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**

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

Mailing Address 1211 Honey Lake St

City Las Vegas State NV Zip Code 89110

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 23 / 2015**

**Transaction ID : SA11AI.25475**

Amount of Each Receipt this Period  
**100.00**

Donation

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

Mailing Address 1211 Honey Lake St

City Las Vegas State NV Zip Code 89110

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 15 / 2015**

**Transaction ID : SA11AI.25476**

Amount of Each Receipt this Period  
**100.00**

Donation

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

Mailing Address 1211 Honey Lake St

City Las Vegas State NV Zip Code 89110

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 26 / 2015**

**Transaction ID : SA11AI.25477**

Amount of Each Receipt this Period  
**100.00**

Donation

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

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



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

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

FOR LINE NUMBER: PAGE 49 OF 83  
(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**

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

Mailing Address 1211 Honey Lake St

City Las Vegas	State NV	Zip Code 89110
-------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

**Transaction ID : SA11AI.25478**

Amount of Each Receipt this Period  
100.00

Donation

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

Mailing Address 1211 Honey Lake St

City Las Vegas	State NV	Zip Code 89110
-------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

**Transaction ID : SA11AI.25479**

Amount of Each Receipt this Period  
100.00

Donation

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

Mailing Address 1211 Honey Lake St

City Las Vegas	State NV	Zip Code 89110
-------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2015

**Transaction ID : SA11AI.25480**

Amount of Each Receipt this Period  
100.00

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 50 OF 83  
(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**

Full Name (Last, First, Middle Initial)  
**A. Marilyn Zeman**

Mailing Address 3513 Harlem Ave, Unit A-2

City Berwyn	State IL	Zip Code 60402
----------------	-------------	-------------------

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 ▼  
75.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	09	/	2015

**Transaction ID : SA11AI.25481**

Amount of Each Receipt this Period  
75.00

Donation

Full Name (Last, First, Middle Initial)  
**B. Marilyn Zeman**

Mailing Address 3513 Harlem Ave, Unit A-2

City Berwyn	State IL	Zip Code 60402
----------------	-------------	-------------------

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 ▼  
110.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2015

**Transaction ID : SA11AI.25483**

Amount of Each Receipt this Period  
35.00

Donation

Full Name (Last, First, Middle Initial)  
**C. Marilyn Zeman**

Mailing Address 3513 Harlem Ave, Unit A-2

City Berwyn	State IL	Zip Code 60402
----------------	-------------	-------------------

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 ▼  
145.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

**Transaction ID : SA11AI.25484**

Amount of Each Receipt this Period  
35.00

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	145.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

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

FOR LINE NUMBER: PAGE 51 OF 83  
(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. Marilyn Zeman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3513 Harlem Ave, Unit A-2  
City Berwyn State IL Zip Code 60402  
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 ▼ 245.00

Date of Receipt 02 / 10 / 2015  
**Transaction ID : SA11AI.25485**  
Amount of Each Receipt this Period 100.00  
Donation

**B.**  
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  
Amount of Each Receipt this Period

**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  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	20458.00

**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 52 OF 83
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. Best Buy**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 9312  
1-888-BEST BUY (1-888-237-8289)  
City Minneapolis State MN Zip Code 55440  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 288.20

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2015  
**Transaction ID : SA15.25298**  
Amount of Each Receipt this Period  
288.20  
Refund on printer

**B. MailChimp**  
Full Name (Last, First, Middle Initial)  
Mailing Address 512 Means St.  
Suite 404  
City Atlanta State GA Zip Code 30318  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 03 / 2015  
**Transaction ID : SA15.25369**  
Amount of Each Receipt this Period  
120.00  
Refund on Email delivery service

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	408.20
<b>TOTAL</b> This Period (last page this line number only).....▶	408.20

**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 53 OF 83
<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 type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. EDI Payments**

Mailing Address 1600 Amphitheater Pkwy

City Mt. View State CA Zip Code 94043

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
920.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 23 / 2015  
**Transaction ID : SA17.25256**

Amount of Each Receipt this Period  
920.22

Google website Ad revenue

Full Name (Last, First, Middle Initial)  
**B. EDI Payments**

Mailing Address 1600 Amphitheater Pkwy

City Mt. View State CA Zip Code 94043

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1395.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2015  
**Transaction ID : SA17.25257**

Amount of Each Receipt this Period  
475.30

Google website Ad revenue

Full Name (Last, First, Middle Initial)  
**C. EDI Payments**

Mailing Address 1600 Amphitheater Pkwy

City Mt. View State CA Zip Code 94043

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2016.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA17.25255**

Amount of Each Receipt this Period  
621.03

Google website Ad revenue

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2016.55
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 83
<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 type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)		Date of Receipt
<b>A. EDI Payments</b>		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
Mailing Address 1600 Amphitheater Pkwy		<input type="text"/> 04 / <input type="text"/> 23 / <input type="text"/> 2015
City State Zip Code		<b>Transaction ID : SA17.25254</b>
Mt. View CA 94043		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		<input type="text"/> 521.07
Name of Employer Occupation		Google website Ad revenue
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 2537.62

Full Name (Last, First, Middle Initial)		Date of Receipt
<b>B. Google Adwords</b>		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
Mailing Address 1600 Amphitheater Pkwy.		<input type="text"/> 05 / <input type="text"/> 22 / <input type="text"/> 2015
City State Zip Code		<b>Transaction ID : SA17.25258</b>
Mt. View CA 94043		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		<input type="text"/> 296.68
Name of Employer Occupation		Google website Ad revenue
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 296.68

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text"/> 817.75
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/> 2834.30

**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**

Full Name (Last, First, Middle Initial)

**A. Best Buy**

Mailing Address P.O. Box 9312  
1-888-BEST BUY (1-888-237-8289)

City Minneapolis State MN Zip Code 55440

Purpose of Disbursement  
Office supplies and equipment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2015

Transaction ID : **SB21B.25297**

Amount of Each Disbursement this Period

346.89

Full Name (Last, First, Middle Initial)

**B. Branch Banking and Trust**

Mailing Address 200 West Second Street

City Winston-Salem State NC Zip Code 27101

Purpose of Disbursement  
Deposit correction

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

Transaction ID : **SB21B.25260**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**C. CenturyLink formerly Embarq**

Mailing Address 100 CenturyLink Drive

City Monroe State LA Zip Code 71203

Purpose of Disbursement  
Phone service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : **SB21B.25293**

Amount of Each Disbursement this Period

36.60

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

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

433.49

**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**

Full Name (Last, First, Middle Initial)

**A. Constant Contact**

Mailing Address 1601 Trapelo Road, Suite 329  
866-289-2101

City Waltham State MA Zip Code 02451

Purpose of Disbursement  
Email Service Provider

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.25306**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Constant Contact**

Mailing Address 1601 Trapelo Road, Suite 329  
866-289-2101

City Waltham State MA Zip Code 02451

Purpose of Disbursement  
Email Service Provider

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.25307**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Constant Contact**

Mailing Address 1601 Trapelo Road, Suite 329  
866-289-2101

City Waltham State MA Zip Code 02451

Purpose of Disbursement  
Email Service Provider

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.25308**

Amount of Each Disbursement this Period

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Corporate Payroll Service**

Mailing Address 1000 Miller Court West

City Norcross State GA Zip Code 30071

Purpose of Disbursement  
Payroll tax

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2015

**Transaction ID : SB21B.25274**

Amount of Each Disbursement this Period

2142.13

Full Name (Last, First, Middle Initial)

**B. Corporate Payroll Service**

Mailing Address 1000 Miller Court West

City Norcross State GA Zip Code 30071

Purpose of Disbursement  
Payroll service fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2015

**Transaction ID : SB21B.25266**

Amount of Each Disbursement this Period

104.25

Full Name (Last, First, Middle Initial)

**C. Corporate Payroll Service**

Mailing Address 1000 Miller Court West

City Norcross State GA Zip Code 30071

Purpose of Disbursement  
Payroll service fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2015

**Transaction ID : SB21B.25268**

Amount of Each Disbursement this Period

59.40

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

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

2305.78

**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**

Full Name (Last, First, Middle Initial)

**A. Corporate Payroll Service**

Mailing Address 1000 Miller Court West

City Norcross State GA Zip Code 30071

Purpose of Disbursement  
Payroll tax

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2015

Transaction ID : **SB21B.25275**

Amount of Each Disbursement this Period

1931.34

Full Name (Last, First, Middle Initial)

**B. Corporate Payroll Service**

Mailing Address 1000 Miller Court West

City Norcross State GA Zip Code 30071

Purpose of Disbursement  
Payroll service fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2015

Transaction ID : **SB21B.25269**

Amount of Each Disbursement this Period

59.40

Full Name (Last, First, Middle Initial)

**C. Corporate Payroll Service**

Mailing Address 1000 Miller Court West

City Norcross State GA Zip Code 30071

Purpose of Disbursement  
Payroll tax

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2015

Transaction ID : **SB21B.25276**

Amount of Each Disbursement this Period

1855.90

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

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

3846.64

**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**

Full Name (Last, First, Middle Initial)

**A. Corporate Payroll Service**

Mailing Address 1000 Miller Court West

City Norcross State GA Zip Code 30071

Purpose of Disbursement  
Payroll service fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 21 / 2015

**Transaction ID : SB21B.25270**

Amount of Each Disbursement this Period

59.40

Full Name (Last, First, Middle Initial)

**B. Corporate Payroll Service**

Mailing Address 1000 Miller Court West

City Norcross State GA Zip Code 30071

Purpose of Disbursement  
Payroll tax

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 21 / 2015

**Transaction ID : SB21B.25277**

Amount of Each Disbursement this Period

1788.92

Full Name (Last, First, Middle Initial)

**C. Corporate Payroll Service**

Mailing Address 1000 Miller Court West

City Norcross State GA Zip Code 30071

Purpose of Disbursement  
Payroll service fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2015

**Transaction ID : SB21B.25271**

Amount of Each Disbursement this Period

60.40

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

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

1908.72

**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**

Full Name (Last, First, Middle Initial)

**A. Corporate Payroll Service**

Mailing Address 1000 Miller Court West

City Norcross State GA Zip Code 30071

Purpose of Disbursement  
Payroll tax

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2015

**Transaction ID : SB21B.25278**

Amount of Each Disbursement this Period

1784.08

Full Name (Last, First, Middle Initial)

**B. Corporate Payroll Service**

Mailing Address 1000 Miller Court West

City Norcross State GA Zip Code 30071

Purpose of Disbursement  
Payroll service fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2015

**Transaction ID : SB21B.25272**

Amount of Each Disbursement this Period

60.40

Full Name (Last, First, Middle Initial)

**C. Corporate Payroll Service**

Mailing Address 1000 Miller Court West

City Norcross State GA Zip Code 30071

Purpose of Disbursement  
Payroll tax

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2015

**Transaction ID : SB21B.25279**

Amount of Each Disbursement this Period

1567.74

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

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

3412.22

**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**

Full Name (Last, First, Middle Initial)

**A. Beverly Cotter**

Mailing Address PO Box 30966

City Raleigh State NC Zip Code 27622

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		02		2015

**Transaction ID : SB21B.25225**

Amount of Each Disbursement this Period

230.87
--------

Full Name (Last, First, Middle Initial)

**B. Beverly Cotter**

Mailing Address PO Box 30966

City Raleigh State NC Zip Code 27622

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2015

**Transaction ID : SB21B.25227**

Amount of Each Disbursement this Period

230.88
--------

Full Name (Last, First, Middle Initial)

**C. Beverly Cotter**

Mailing Address PO Box 30966

City Raleigh State NC Zip Code 27622

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2015

**Transaction ID : SB21B.25229**

Amount of Each Disbursement this Period

230.87
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

692.62
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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**

Full Name (Last, First, Middle Initial)

**A. Beverly Cotter**

Mailing Address PO Box 30966

City Raleigh State NC Zip Code 27622

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 04 / 2015

Transaction ID : **SB21B.25231**

Amount of Each Disbursement this Period

230.88

Full Name (Last, First, Middle Initial)

**B. Beverly Cotter**

Mailing Address PO Box 30966

City Raleigh State NC Zip Code 27622

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 05 / 2015

Transaction ID : **SB21B.25233**

Amount of Each Disbursement this Period

230.87

Full Name (Last, First, Middle Initial)

**C. Dotster Inc.**

Mailing Address PO Box 821066

City Vancouver State WA Zip Code 98682

Purpose of Disbursement  
Domain hosting fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 25 / 2015

Transaction ID : **SB21B.25318**

Amount of Each Disbursement this Period

104.94

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

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

566.69

**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**

Full Name (Last, First, Middle Initial)

**A. Dotster Inc.**

Mailing Address PO Box 821066

City Vancouver State WA Zip Code 98682

Purpose of Disbursement  
Domain hosting fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2015

**Transaction ID : SB21B.25319**

Amount of Each Disbursement this Period

71.92

Full Name (Last, First, Middle Initial)

**B. Dotster Inc.**

Mailing Address PO Box 821066

City Vancouver State WA Zip Code 98682

Purpose of Disbursement  
Domain hosting fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

**Transaction ID : SB21B.25322**

Amount of Each Disbursement this Period

81.46

Full Name (Last, First, Middle Initial)

**C. Dotster Inc.**

Mailing Address PO Box 821066

City Vancouver State WA Zip Code 98682

Purpose of Disbursement  
Domain hosting fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2015

**Transaction ID : SB21B.25323**

Amount of Each Disbursement this Period

34.98

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

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

188.36

**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**

Full Name (Last, First, Middle Initial)

**A. Dotster Inc.**

Mailing Address PO Box 821066

City Vancouver State WA Zip Code 98682

Purpose of Disbursement  
Domain hosting fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2015

**Transaction ID : SB21B.25324**

Amount of Each Disbursement this Period

11.49

Full Name (Last, First, Middle Initial)

**B. Dotster Inc.**

Mailing Address PO Box 821066

City Vancouver State WA Zip Code 98682

Purpose of Disbursement  
Domain hosting fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2015

**Transaction ID : SB21B.25325**

Amount of Each Disbursement this Period

122.43

Full Name (Last, First, Middle Initial)

**C. Dotster Inc.**

Mailing Address PO Box 821066

City Vancouver State WA Zip Code 98682

Purpose of Disbursement  
Domain hosting fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2015

**Transaction ID : SB21B.25326**

Amount of Each Disbursement this Period

37.96

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

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

171.88



**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**

Full Name (Last, First, Middle Initial)

**A. Dotster Inc.**

Mailing Address PO Box 821066

City Vancouver State WA Zip Code 98682

Purpose of Disbursement  
Domain hosting fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2015

**Transaction ID : SB21B.25327**

Amount of Each Disbursement this Period

51.96

Full Name (Last, First, Middle Initial)

**B. Dotster Inc.**

Mailing Address PO Box 821066

City Vancouver State WA Zip Code 98682

Purpose of Disbursement  
Domain hosting fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 27 / 2015

**Transaction ID : SB21B.25328**

Amount of Each Disbursement this Period

87.45

Full Name (Last, First, Middle Initial)

**C. Dotster Inc.**

Mailing Address PO Box 821066

City Vancouver State WA Zip Code 98682

Purpose of Disbursement  
Domain hosting fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2015

**Transaction ID : SB21B.25329**

Amount of Each Disbursement this Period

25.98

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

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

165.39

**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**

Full Name (Last, First, Middle Initial)

**A. Facebook Inc.**

Mailing Address 156 University Ave.

City Palo Alto State CA Zip Code 94301-1605

Purpose of Disbursement  
Online advertising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

**Transaction ID : SB21B.25336**

Amount of Each Disbursement this Period

457.56

Full Name (Last, First, Middle Initial)

**B. Facebook Inc.**

Mailing Address 156 University Ave.

City Palo Alto State CA Zip Code 94301-1605

Purpose of Disbursement  
Online advertising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2015

**Transaction ID : SB21B.25332**

Amount of Each Disbursement this Period

185.50

Full Name (Last, First, Middle Initial)

**C. Facebook Inc.**

Mailing Address 156 University Ave.

City Palo Alto State CA Zip Code 94301-1605

Purpose of Disbursement  
Online advertising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2015

**Transaction ID : SB21B.25333**

Amount of Each Disbursement this Period

30.00

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

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

673.06

**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**

Full Name (Last, First, Middle Initial)

**A. Facebook Inc.**

Mailing Address 156 University Ave.

City Palo Alto State CA Zip Code 94301-1605

Purpose of Disbursement  
Online advertising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2015

Transaction ID : **SB21B.25335**

Amount of Each Disbursement this Period

160.00

Full Name (Last, First, Middle Initial)

**B. Facebook Inc.**

Mailing Address 156 University Ave.

City Palo Alto State CA Zip Code 94301-1605

Purpose of Disbursement  
Online advertising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2015

Transaction ID : **SB21B.25338**

Amount of Each Disbursement this Period

1.00

Full Name (Last, First, Middle Initial)

**C. Facebook Inc.**

Mailing Address 156 University Ave.

City Palo Alto State CA Zip Code 94301-1605

Purpose of Disbursement  
Online advertising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2015

Transaction ID : **SB21B.25340**

Amount of Each Disbursement this Period

189.96

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

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

350.96

**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**

Full Name (Last, First, Middle Initial)

**A. Hostmonster**

Mailing Address 1958 South 950 East

City Provo State UT Zip Code 84606

Purpose of Disbursement  
Website Hosting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2015

Transaction ID : **SB21B.25349**

Amount of Each Disbursement this Period

299.88

Full Name (Last, First, Middle Initial)

**B. Inetservices LLC**

Mailing Address 841 Worcester Road #218

City Natick State MA Zip Code 01760

Purpose of Disbursement  
Website hosting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 07 / 2015

Transaction ID : **SB21B.25350**

Amount of Each Disbursement this Period

975.00

Full Name (Last, First, Middle Initial)

**C. Inetservices LLC**

Mailing Address 841 Worcester Road #218

City Natick State MA Zip Code 01760

Purpose of Disbursement  
Website hosting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2015

Transaction ID : **SB21B.25351**

Amount of Each Disbursement this Period

975.00

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

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

2249.88

**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**

Full Name (Last, First, Middle Initial)

**A. Inetservices LLC**

Mailing Address 841 Worcester Road  
#218

City Natick State MA Zip Code 01760

Purpose of Disbursement  
Website hosting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

**Transaction ID : SB21B.25352**

Amount of Each Disbursement this Period

975.00

Full Name (Last, First, Middle Initial)

**B. Inetservices LLC**

Mailing Address 841 Worcester Road  
#218

City Natick State MA Zip Code 01760

Purpose of Disbursement  
Website hosting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2015

**Transaction ID : SB21B.25353**

Amount of Each Disbursement this Period

975.00

Full Name (Last, First, Middle Initial)

**C. Inetservices LLC**

Mailing Address 841 Worcester Road  
#218

City Natick State MA Zip Code 01760

Purpose of Disbursement  
Website hosting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 07 / 2015

**Transaction ID : SB21B.25354**

Amount of Each Disbursement this Period

975.00

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

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

2925.00

**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)  
**Americans for Legal Immigration PAC**

Full Name (Last, First, Middle Initial)

**A. Leancoder LLC**

Mailing Address 1900 Sun Valley Ln

City Fort Mill State SC Zip Code 29715

Purpose of Disbursement  
Server administration

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2015

**Transaction ID : SB21B.25236**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Leancoder LLC**

Mailing Address 1900 Sun Valley Ln

City Fort Mill State SC Zip Code 29715

Purpose of Disbursement  
Server administration

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2015

**Transaction ID : SB21B.25238**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Leancoder LLC**

Mailing Address 1900 Sun Valley Ln

City Fort Mill State SC Zip Code 29715

Purpose of Disbursement  
Server administration

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2015

**Transaction ID : SB21B.25239**

Amount of Each Disbursement this Period

1150.00

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

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

2650.00

**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)  
**Americans for Legal Immigration PAC**

Full Name (Last, First, Middle Initial)

**A. MailChimp**

Mailing Address 512 Means St.  
Suite 404

City Atlanta State GA Zip Code 30318

Purpose of Disbursement  
Email delivery service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.25361**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. MailChimp**

Mailing Address 512 Means St.  
Suite 404

City Atlanta State GA Zip Code 30318

Purpose of Disbursement  
Email delivery service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.25362**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. MailChimp**

Mailing Address 512 Means St.  
Suite 404

City Atlanta State GA Zip Code 30318

Purpose of Disbursement  
Email delivery service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.25363**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MailChimp**

Mailing Address 512 Means St.  
Suite 404

City Atlanta State GA Zip Code 30318

Purpose of Disbursement  
Email delivery service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2015

**Transaction ID : SB21B.25364**

Amount of Each Disbursement this Period

240.00
--------

Full Name (Last, First, Middle Initial)

**B. MailChimp**

Mailing Address 512 Means St.  
Suite 404

City Atlanta State GA Zip Code 30318

Purpose of Disbursement  
Email delivery service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2015

**Transaction ID : SB21B.25365**

Amount of Each Disbursement this Period

240.00
--------

Full Name (Last, First, Middle Initial)

**C. MailChimp**

Mailing Address 512 Means St.  
Suite 404

City Atlanta State GA Zip Code 30318

Purpose of Disbursement  
Email delivery service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		03		2015

**Transaction ID : SB21B.25366**

Amount of Each Disbursement this Period

240.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

720.00
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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**

Full Name (Last, First, Middle Initial)

**A. Moonray Web Design**

Mailing Address 543 Cox Rd  
Suite B

City Gastonia State NC Zip Code 28054

Purpose of Disbursement  
Website Maintenance and development

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.25375**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Moonray Web Design**

Mailing Address 543 Cox Rd  
Suite B

City Gastonia State NC Zip Code 28054

Purpose of Disbursement  
Website Maintenance and development

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.25376**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Moonray Web Design**

Mailing Address 543 Cox Rd  
Suite B

City Gastonia State NC Zip Code 28054

Purpose of Disbursement  
Website Maintenance and development

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.25377**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. New Egg Inc.**

Mailing Address 9997 Rose Hills Road

City Whittier State CA Zip Code 90601

Purpose of Disbursement  
Office Equipment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2015

**Transaction ID : SB21B.25418**

Amount of Each Disbursement this Period

276.98

Full Name (Last, First, Middle Initial)

**B. New Egg Inc.**

Mailing Address 9997 Rose Hills Road

City Whittier State CA Zip Code 90601

Purpose of Disbursement  
Office Equipment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2015

**Transaction ID : SB21B.25419**

Amount of Each Disbursement this Period

174.98

Full Name (Last, First, Middle Initial)

**C. PR Newswire**

Mailing Address 810 7th Ave., 32nd floor

City New York State NY Zip Code 10019

Purpose of Disbursement  
Press release service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 09 / 2015

**Transaction ID : SB21B.25242**

Amount of Each Disbursement this Period

100.00

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

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

551.96

**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**

Full Name (Last, First, Middle Initial)

**A. PR Newswire**

Mailing Address 810 7th Ave., 32nd floor

City New York State NY Zip Code 10019

Purpose of Disbursement  
Press release service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2015

**Transaction ID : SB21B.25243**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**B. PR Newswire**

Mailing Address 810 7th Ave., 32nd floor

City New York State NY Zip Code 10019

Purpose of Disbursement  
Press release service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2015

**Transaction ID : SB21B.25244**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Staples Inc.**

Mailing Address 500 Staples Dr

City Framingham State MA Zip Code 01702

Purpose of Disbursement  
Office supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2015

**Transaction ID : SB21B.25395**

Amount of Each Disbursement this Period

96.06

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

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

296.06

**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**

Full Name (Last, First, Middle Initial)

**A. Time Warner Cable**

Mailing Address 2505 Atlantic Ave. Ste. 101

City Raleigh State NC Zip Code 27604

Purpose of Disbursement  
Internet service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2015

Transaction ID : **SB21B.25403**

Amount of Each Disbursement this Period

151.88

Full Name (Last, First, Middle Initial)

**B. Time Warner Cable**

Mailing Address 2505 Atlantic Ave. Ste. 101

City Raleigh State NC Zip Code 27604

Purpose of Disbursement  
Internet service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

Transaction ID : **SB21B.25404**

Amount of Each Disbursement this Period

146.55

Full Name (Last, First, Middle Initial)

**C. Time Warner Cable**

Mailing Address 2505 Atlantic Ave. Ste. 101

City Raleigh State NC Zip Code 27604

Purpose of Disbursement  
Internet service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 16 / 2015

Transaction ID : **SB21B.25405**

Amount of Each Disbursement this Period

139.08

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

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

437.51

**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**

Full Name (Last, First, Middle Initial)

**A. Time Warner Cable**

Mailing Address 2505 Atlantic Ave. Ste. 101

City Raleigh State NC Zip Code 27604

Purpose of Disbursement  
Internet service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2015

Transaction ID : **SB21B.25406**

Amount of Each Disbursement this Period

130.54

Full Name (Last, First, Middle Initial)

**B. Time Warner Cable**

Mailing Address 2505 Atlantic Ave. Ste. 101

City Raleigh State NC Zip Code 27604

Purpose of Disbursement  
Internet service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2015

Transaction ID : **SB21B.25407**

Amount of Each Disbursement this Period

200.51

Full Name (Last, First, Middle Initial)

**C. US Postal Service**

Mailing Address 4325 Glenwood Ave.

City Raleigh State NC Zip Code 27612

Purpose of Disbursement  
Post office box rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 18 / 2015

Transaction ID : **SB21B.25408**

Amount of Each Disbursement this Period

232.00

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

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

563.05

**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**

Full Name (Last, First, Middle Initial)

**A. Vonage**

Mailing Address 23 Main St

City Holmdel State NJ Zip Code 07733

Purpose of Disbursement  
Phone service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2015

Transaction ID : **SB21B.25413**

Amount of Each Disbursement this Period

86.31

Full Name (Last, First, Middle Initial)

**B. Vonage**

Mailing Address 23 Main St

City Holmdel State NJ Zip Code 07733

Purpose of Disbursement  
Phone service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 06 / 2015

Transaction ID : **SB21B.25414**

Amount of Each Disbursement this Period

86.23

Full Name (Last, First, Middle Initial)

**C. Vonage**

Mailing Address 23 Main St

City Holmdel State NJ Zip Code 07733

Purpose of Disbursement  
Phone service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2015

Transaction ID : **SB21B.25415**

Amount of Each Disbursement this Period

86.23

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

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

258.77

**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**

Full Name (Last, First, Middle Initial)

**A. Vonage**

Mailing Address 23 Main St

City Holmdel State NJ Zip Code 07733

Purpose of Disbursement  
Phone service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2015

**Transaction ID : SB21B.25416**

Amount of Each Disbursement this Period

86.23

Full Name (Last, First, Middle Initial)

**B. Westmoreland Printers**

Mailing Address 2020 E Dixon Blvd

City Shelby State NC Zip Code 28150

Purpose of Disbursement  
Printing services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2015

**Transaction ID : SB21B.25417**

Amount of Each Disbursement this Period

2312.49

Full Name (Last, First, Middle Initial)

**C. Westmoreland Printers**

Mailing Address 2020 E Dixon Blvd

City Shelby State NC Zip Code 28150

Purpose of Disbursement  
Printing services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2015

**Transaction ID : SB21B.25245**

Amount of Each Disbursement this Period

2061.51

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

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

4460.23

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

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

FOR LINE NUMBER:  
(check only one)

<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**

Full Name (Last, First, Middle Initial)

**A. William Gheen**

Mailing Address PO Box 30966

City Raleigh State NC Zip Code 27622

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2015

**Transaction ID : SB21B.25224**

Amount of Each Disbursement this Period

4819.26

Full Name (Last, First, Middle Initial)

**B. William Gheen**

Mailing Address PO Box 30966

City Raleigh State NC Zip Code 27622

Purpose of Disbursement  
Reimbursement for cell phone service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 13 / 2015

**Transaction ID : SB21B.25247**

Amount of Each Disbursement this Period

115.00

Full Name (Last, First, Middle Initial)

**C. William Gheen**

Mailing Address PO Box 30966

City Raleigh State NC Zip Code 27622

Purpose of Disbursement  
Reimbursement for online graphics

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 18 / 2015

**Transaction ID : SB21B.25248**

Amount of Each Disbursement this Period

200.00

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

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

5134.26



**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**

Full Name (Last, First, Middle Initial)

**A. William Gheen**

Mailing Address PO Box 30966

City Raleigh State NC Zip Code 27622

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 20 / 2015

**Transaction ID : SB21B.25226**

Amount of Each Disbursement this Period

4604.47

Full Name (Last, First, Middle Initial)

**B. William Gheen**

Mailing Address PO Box 30966

City Raleigh State NC Zip Code 27622

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2015

**Transaction ID : SB21B.25228**

Amount of Each Disbursement this Period

4666.44

Full Name (Last, First, Middle Initial)

**C. William Gheen**

Mailing Address PO Box 30966

City Raleigh State NC Zip Code 27622

Purpose of Disbursement  
Reimbursement for cell phone service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2015

**Transaction ID : SB21B.25249**

Amount of Each Disbursement this Period

115.00

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

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

9385.91

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

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

FOR LINE NUMBER:  
(check only one)

<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**

Full Name (Last, First, Middle Initial)

**A. William Gheen**

Mailing Address PO Box 30966

City Raleigh State NC Zip Code 27622

Purpose of Disbursement  
Reimbursement for cell phone service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2015

**Transaction ID : SB21B.25250**

Amount of Each Disbursement this Period

115.00

Full Name (Last, First, Middle Initial)

**B. William Gheen**

Mailing Address PO Box 30966

City Raleigh State NC Zip Code 27622

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2015

**Transaction ID : SB21B.25230**

Amount of Each Disbursement this Period

4666.45

Full Name (Last, First, Middle Initial)

**C. William Gheen**

Mailing Address PO Box 30966

City Raleigh State NC Zip Code 27622

Purpose of Disbursement  
Reimbursement for cell phone service

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2015

**Transaction ID : SB21B.25251**

Amount of Each Disbursement this Period

115.00

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

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

4896.45

**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**

Full Name (Last, First, Middle Initial)

**A. William Gheen**

Mailing Address PO Box 30966

City Raleigh State NC Zip Code 27622

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 27 / 2015

**Transaction ID : SB21B.25232**

Amount of Each Disbursement this Period

4666.44

Full Name (Last, First, Middle Initial)

**B. William Gheen**

Mailing Address PO Box 30966

City Raleigh State NC Zip Code 27622

Purpose of Disbursement  
Reimbursement for cell phone service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2015

**Transaction ID : SB21B.25252**

Amount of Each Disbursement this Period

115.00

Full Name (Last, First, Middle Initial)

**C. William Gheen**

Mailing Address PO Box 30966

City Raleigh State NC Zip Code 27622

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2015

**Transaction ID : SB21B.25234**

Amount of Each Disbursement this Period

4236.85

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

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

9018.29

59354.18