

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

REPUBLICANS FOR IMMIGRATION REFORM

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="2013"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="193150.00"/>	<input type="text" value="193150.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="193150.00"/>	<input type="text" value="193150.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="100573.99"/>	<input type="text" value="100573.99"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="92576.01"/>	<input type="text" value="92576.01"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

REPUBLICANS FOR IMMIGRATION REFORM

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	188150.00	188150.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	188150.00	188150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	193150.00	193150.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	193150.00	193150.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	193150.00	193150.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	100573.99	100573.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	100573.99	100573.99
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)) ..	100573.99	100573.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	100573.99	100573.99

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)	193150.00	193150.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	193150.00	193150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	100573.99	100573.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	100573.99	100573.99

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

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

FOR LINE NUMBER: PAGE 6 OF 16
(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)
REPUBLICANS FOR IMMIGRATION REFORM

Full Name (Last, First, Middle Initial)
A. America's Voice

Mailing Address 1050 17th Street NW
Suite 490

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : SA11AI.4153

Amount of Each Receipt this Period
60000.00

Full Name (Last, First, Middle Initial)
B. Scott Bommer

Mailing Address 927 Fifth Avenue, 11th Floor

City New York State NY Zip Code 10021

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

Name of Employer Occupation
SAB Capitol Founder

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2013
Transaction ID : SA11AI.4145

Amount of Each Receipt this Period
50000.00

Full Name (Last, First, Middle Initial)
C. Gary Chartrand

Mailing Address 139 Ponte Vedra Blvd.

City Ponte Vedra Beach State FL Zip Code 32082

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

Name of Employer Occupation
Acosta Sales & Marketing Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2013
Transaction ID : SA11AI.4147

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
REPUBLICANS FOR IMMIGRATION REFORM

A. Charles Cobb
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 14-4200

City Coral Gables	State FL	Zip Code 33114
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FEC ID number of contributing federal political committee. **C**

Name of Employer Cobb Partners	Occupation Businessman
-----------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2013

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period
2500.00

B. Carlos Curbelo
Full Name (Last, First, Middle Initial)
Mailing Address 8770 Sunset Drive #355

City Miami	State FL	Zip Code 33173
---------------	-------------	-------------------

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

Name of Employer Capitol Gains	Occupation Owner
-----------------------------------	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2013

Transaction ID : SA11AI.4141

Amount of Each Receipt this Period
2500.00

C. Dimare Homestead Inc.
Full Name (Last, First, Middle Initial)
Mailing Address Box 900460

City Homestead	State FL	Zip Code 33090
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2013

Transaction ID : SA11AI.4135

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
REPUBLICANS FOR IMMIGRATION REFORM

Full Name (Last, First, Middle Initial)
A. Firehouse Subs

Mailing Address 3410 Kori Road

City Jacksonville State FL Zip Code 32257

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.4137

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Phillip Frost

Mailing Address 4400 Biscayne Blvd.

City Miami State FL Zip Code 33137

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

Name of Employer Occupation
OPKO Health, Inc. Pharmaceutical Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 06 / 2013
Transaction ID : SA11AI.4151

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C. Carlos Gutierrez

Mailing Address 3150 South Street NW
Suite 3C

City Washington State DC Zip Code 20007

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

Name of Employer Occupation
Albright Stonebridge Vice Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : SA11AI.4159

Amount of Each Receipt this Period
2150.00

In-kind - Catering for Fundraising Event - Fine Food Events

SUBTOTAL of Receipts This Page (optional)..... ▶ 8150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
REPUBLICANS FOR IMMIGRATION REFORM

A. David Horowitz
Full Name (Last, First, Middle Initial)
Mailing Address 26 Grey Owl
City Irvine State CA Zip Code 92603
FEC ID number of contributing federal political committee. **C**
Name of Employer Horowitz Management, Inc. Occupation Executive
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 25000.00

Date of Receipt **04 / 01 / 2013**
Transaction ID : SA11AI.4149
Amount of Each Receipt this Period 25000.00

B. William Kunkler
Full Name (Last, First, Middle Initial)
Mailing Address 222 N. LaSalle Street Suite 1000
City Chicago State IL Zip Code 60601
FEC ID number of contributing federal political committee. **C**
Name of Employer CC Industries, Inc. Occupation Executive VP
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt **06 / 18 / 2013**
Transaction ID : SA11AI.4133
Amount of Each Receipt this Period 5000.00

C. Peter Magowan
Full Name (Last, First, Middle Initial)
Mailing Address 2100 Washington Street
City San Francisco State CA Zip Code 94109
FEC ID number of contributing federal political committee. **C**
Name of Employer n/a Occupation Retired
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 10000.00

Date of Receipt **05 / 07 / 2013**
Transaction ID : SA11AI.4143
Amount of Each Receipt this Period 10000.00

SUBTOTAL of Receipts This Page (optional)..... **40000.00**
TOTAL This Period (last page this line number only).....

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

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

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

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
REPUBLICANS FOR IMMIGRATION REFORM

A. Full Name (Last, First, Middle Initial)
Henry Paulson Jr.

Mailing Address 401 N. Michigan Avenue
Suite 3250

City Chicago State IL Zip Code 60611

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

Name of Employer Paulson Institute Occupation Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
05 / 21 / 2013
Transaction ID : SA11AI.4139

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	188150.00

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 16	
(check only one)			
<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)
REPUBLICANS FOR IMMIGRATION REFORM

A. LEO A DALY COMPANY PAC
Full Name (Last, First, Middle Initial)
Mailing Address 8600 INDIAN HILLS DRIVE

City OMAHA	State NE	Zip Code 68114
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00402727

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : SA11C.4155

Amount of Each Receipt this Period
5000.00

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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)
REPUBLICANS FOR IMMIGRATION REFORM

Full Name (Last, First, Middle Initial)

A. Abar Hutton Media

Mailing Address 6190 Grovedale Ct

City Alexandria State VA Zip Code 22310

Purpose of Disbursement
Media Buy

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	08	/	2013

Transaction ID : **SB21B.4157**

Amount of Each Disbursement this Period

60000.00

Full Name (Last, First, Middle Initial)

B. Black Rock Group, LLC

Mailing Address 66 Canal Center Plaza
Suite 555

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Communications Consulting

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	02	/	2013

Transaction ID : **SB21B.4109**

Amount of Each Disbursement this Period

4740.00

Full Name (Last, First, Middle Initial)

C. Black Rock Group, LLC

Mailing Address 66 Canal Center Plaza
Suite 555

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Communications Consulting

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	03	/	2013

Transaction ID : **SB21B.4111**

Amount of Each Disbursement this Period

3000.00

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

67740.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICANS FOR IMMIGRATION REFORM

Full Name (Last, First, Middle Initial) A. Black Rock Group, LLC		Date of Disbursement MM / DD / YYYY 06 / 07 / 2013
Mailing Address 66 Canal Center Plaza Suite 555		Transaction ID : SB21B.4113
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Communications Consulting	Category/ Type	Amount of Each Disbursement this Period 1500.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Chain Bridge Bank		Date of Disbursement MM / DD / YYYY 03 / 25 / 2013
Mailing Address 1445 Laughlin Ave		Transaction ID : SB21B.4129
City McLean	State VA Zip Code 22101	
Purpose of Disbursement Fee for business checks	Category/ Type	Amount of Each Disbursement this Period 117.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Clarke & Sampson		Date of Disbursement MM / DD / YYYY 06 / 10 / 2013
Mailing Address 228 S Washington St		Transaction ID : SB21B.4117
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Business Insurance	Category/ Type	Amount of Each Disbursement this Period 5086.34
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	6703.87
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)
REPUBLICANS FOR IMMIGRATION REFORM

Full Name (Last, First, Middle Initial)

A. Clark Hill PLC

Mailing Address 601 Pennsylvania Avenue NW
Suite 1000N

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	21	/	2013

Transaction ID : SB21B.4168

Amount of Each Disbursement this Period

11544.60

Full Name (Last, First, Middle Initial)

B. FLS Connect

Mailing Address 7300 Hudson Blvd.
Suite 270

City St. Paul State MN Zip Code 55128

Purpose of Disbursement
Opinion Research

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	07	/	2013

Transaction ID : SB21B.4122

Amount of Each Disbursement this Period

278.09

Full Name (Last, First, Middle Initial)

C. Carlos Gutierrez

Mailing Address 3150 South Street NW
Suite 3C

City Washington State DC Zip Code 20007

Purpose of Disbursement
In-kind - Catering for Fundraising Event - Fine Food Events

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	23	/	2013

Transaction ID : SB21B.4161

Amount of Each Disbursement this Period

2150.00

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

13972.69

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
REPUBLICANS FOR IMMIGRATION REFORM

Full Name (Last, First, Middle Initial)

A. My Print & Copy LLC

Mailing Address 100 Cummings Center
Suite 210D

City Beverly State MA Zip Code 01915

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
05 / 01 / 2013

Transaction ID : SB21B.4124

Amount of Each Disbursement this Period

157.09

Full Name (Last, First, Middle Initial)

B. Professional Recruiters

Mailing Address 6009 Overlea Road

City Bethesda State MD Zip Code 20816

Purpose of Disbursement
Accounting Fees

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 / 2013

Transaction ID : SB21B.4106

Amount of Each Disbursement this Period

216.46

Full Name (Last, First, Middle Initial)

C. Professional Recruiters

Mailing Address 6009 Overlea Road

City Bethesda State MD Zip Code 20816

Purpose of Disbursement
Accounting Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2013

Transaction ID : SB21B.4108

Amount of Each Disbursement this Period

28.96

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

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

402.51

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)
REPUBLICANS FOR IMMIGRATION REFORM

Full Name (Last, First, Middle Initial)

A. Sage Payment Solutions

Mailing Address 1750 Old Meadow Road

City State Zip Code
McLean VA 22102

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : SB21B.4120

Amount of Each Disbursement this Period

1754.92

Full Name (Last, First, Middle Initial)

B. SCR & Associates

Mailing Address 4 Leblanc Drive

City State Zip Code
Danvers MA 01923

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 21 / 2013

Transaction ID : SB21B.4115

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

11754.92

100573.99