

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. 12FE4M5 Americans for Legal Immigration PAC

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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 Beverly Cotter

Signature of Treasurer Beverly Cotter [Electronically Filed] Date 01 / 31 / 2016

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

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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="8640.17"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="40520.11"/>	<input type="text" value="110237.55"/>
(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="49160.28"/>	<input type="text" value="111251.40"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="48262.55"/>	<input type="text" value="110353.67"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="897.73"/>	<input type="text" value="897.73"/>
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="3100.00"/>	

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:  /  /  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).....	12860.05	33318.05
(ii) Unitemized .....	23428.28	69300.22
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	36288.33	102618.27
(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) .....	36288.33	102618.27
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	3100.00	3100.00
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	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.).....	1131.78	3991.08
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))..... ▶	40520.11	110237.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	40520.11	110237.55

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	48262.55	110353.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	48262.55	110353.67
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)) ..	48262.55	110353.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48262.55	110353.67

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	36288.33	102618.27
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36288.33	102618.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	48262.55	110353.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	528.20
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	48262.55	109825.47

**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 89
<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. 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 ▼ 450.00

Date of Receipt 09 / 09 / 2015  
Transaction ID : SA11AI.25707  
Amount of Each Receipt this Period 100.00  
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, Best Effort Occupation Self-Employed, Best Effort  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 27 / 2015  
Transaction ID : SA11AI.25709  
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, Best Effort Occupation Self-Employed, Best Effort  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 02 / 2015  
Transaction ID : SA11AI.25710  
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 7 OF 89
	(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"/> 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, Best Effort Occupation Self-Employed, Best Effort  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt 09 / 08 / 2015  
**Transaction ID : SA11AI.25711**  
Amount of Each Receipt this Period 100.00  
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, Best Effort Occupation Self-Employed, Best Effort  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 575.00

Date of Receipt 09 / 15 / 2015  
**Transaction ID : SA11AI.25712**  
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, Best Effort Occupation Self-Employed, Best Effort  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 675.00

Date of Receipt 09 / 23 / 2015  
**Transaction ID : SA11AI.25713**  
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 8 OF 89
	(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"/> 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 State Zip Code  
Brookfield WI 53045

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

Name of Employer Occupation  
Self-Employed, Best Effort Self-Employed, Best Effort

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**775.00**

Date of Receipt  
**10 / 13 / 2015**

**Transaction ID : SA11AI.25714**

Amount of Each Receipt this Period  
**100.00**

Donation

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

Mailing Address 3050 Nassau Drive

City State Zip Code  
Brookfield WI 53045

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

Name of Employer Occupation  
Self-Employed, Best Effort Self-Employed, Best Effort

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**825.00**

Date of Receipt  
**11 / 04 / 2015**

**Transaction ID : SA11AI.25708**

Amount of Each Receipt this Period  
**50.00**

Donation

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

Mailing Address PO Box 1269

City State Zip Code  
Philomath OR 97370

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

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5096.00**

Date of Receipt  
**07 / 03 / 2015**

**Transaction ID : SA11AI.25716**

Amount of Each Receipt this Period  
**93.00**

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>243.00</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 9 OF 89  
(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 ▼ 5186.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2015  
**Transaction ID : SA11AI.25717**  
 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 ▼ 5280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2015  
**Transaction ID : SA11AI.25718**  
 Amount of Each Receipt this Period 94.00  
 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 ▼ 5370.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : SA11AI.25720**  
 Amount of Each Receipt this Period 90.00  
 Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 274.00  
**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 89  
(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 ▼ 5469.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2015  
**Transaction ID : SA11AI.25721**  
 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 ▼ 5568.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2015  
**Transaction ID : SA11AI.25722**  
 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 ▼ 5664.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2015  
**Transaction ID : SA11AI.25723**  
 Amount of Each Receipt this Period 96.00  
 Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 294.00  
**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 89  
(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 ▼ 5757.00

Date of Receipt 08 / 23 / 2015  
**Transaction ID : SA11AI.25724**  
 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 ▼ 5856.00

Date of Receipt 08 / 29 / 2015  
**Transaction ID : SA11AI.25725**  
 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 ▼ 5947.00

Date of Receipt 09 / 01 / 2015  
**Transaction ID : SA11AI.25726**  
 Amount of Each Receipt this Period 91.00  
 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: (check only one)	PAGE 12 OF 89
	<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 ▼ **6040.00**

Date of Receipt  
**09 / 03 / 2015**

**Transaction ID : SA11AI.25727**

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 ▼ **6136.00**

Date of Receipt  
**09 / 06 / 2015**

**Transaction ID : SA11AI.25728**

Amount of Each Receipt this Period  
**96.00**

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 ▼ **6234.00**

Date of Receipt  
**09 / 08 / 2015**

**Transaction ID : SA11AI.25729**

Amount of Each Receipt this Period  
**98.00**

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>287.00</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 89
	<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 ▼ **6333.00**

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

**Transaction ID : SA11AI.25730**

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 ▼ **6426.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2015

**Transaction ID : SA11AI.25731**

Amount of Each Receipt this Period  
**93.00**

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 ▼ **6517.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : SA11AI.25732**

Amount of Each Receipt this Period  
**91.00**

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>283.00</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 14 OF 89  
(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 ▼ 6610.00

Date of Receipt 09 / 23 / 2015  
**Transaction ID : SA11AI.25733**  
 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 ▼ 6705.00

Date of Receipt 09 / 25 / 2015  
**Transaction ID : SA11AI.25734**  
 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 ▼ 6802.00

Date of Receipt 09 / 27 / 2015  
**Transaction ID : SA11AI.25735**  
 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: PAGE 15 OF 89  
(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. 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 ▼  
 6892.00

Date of Receipt  
 09 / 30 / 2015  
**Transaction ID : SA11AI.25736**

Amount of Each Receipt this Period  
 90.00

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 ▼  
 6982.00

Date of Receipt  
 11 / 30 / 2015  
**Transaction ID : SA11AI.25737**

Amount of Each Receipt this Period  
 90.00

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 ▼  
 7076.00

Date of Receipt  
 12 / 24 / 2015  
**Transaction ID : SA11AI.25715**

Amount of Each Receipt this Period  
 94.00

Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 274.00

**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 89
	(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. James Beck**  
Full Name (Last, First, Middle Initial)

Mailing Address 2799 Highland View Circle

City Clermont	State FL	Zip Code 34711
------------------	-------------	-------------------

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 ▼  
10.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2015

**Transaction ID : SA11Al.25739**

Amount of Each Receipt this Period  
10.00

Donation

**B. James Beck**  
Full Name (Last, First, Middle Initial)

Mailing Address 2799 Highland View Circle

City Clermont	State FL	Zip Code 34711
------------------	-------------	-------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2015

**Transaction ID : SA11Al.25741**

Amount of Each Receipt this Period  
10.00

Donation

**C. James Beck**  
Full Name (Last, First, Middle Initial)

Mailing Address 2799 Highland View Circle

City Clermont	State FL	Zip Code 34711
------------------	-------------	-------------------

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 ▼  
30.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

**Transaction ID : SA11Al.25742**

Amount of Each Receipt this Period  
10.00

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<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 17 OF 89
	(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"/> 16
		<input type="checkbox"/> 17

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

**A. James Beck**  
Full Name (Last, First, Middle Initial)

Mailing Address 2799 Highland View Circle

City Clermont	State FL	Zip Code 34711
------------------	-------------	-------------------

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 ▼  
40.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2015

**Transaction ID : SA11AI.25743**

Amount of Each Receipt this Period  
10.00

Donation

**B. James Beck**  
Full Name (Last, First, Middle Initial)

Mailing Address 2799 Highland View Circle

City Clermont	State FL	Zip Code 34711
------------------	-------------	-------------------

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 ▼  
50.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

**Transaction ID : SA11AI.25744**

Amount of Each Receipt this Period  
10.00

Donation

**C. James Beck**  
Full Name (Last, First, Middle Initial)

Mailing Address 2799 Highland View Circle

City Clermont	State FL	Zip Code 34711
------------------	-------------	-------------------

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 ▼  
60.00

Date of Receipt  

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

**Transaction ID : SA11AI.25745**

Amount of Each Receipt this Period  
10.00

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<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 18 OF 89
	<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. James Beck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2799 Highland View Circle  
 City Clermont State FL Zip Code 34711  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2015  
**Transaction ID : SA11AI.25738**  
 Amount of Each Receipt this Period 100.00  
 Donation

**B. Shiva Behera**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 945 N. Barton St Apt 301  
 City Arlington State VA Zip Code 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Besst Effort Occupation Best Effort  
 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  
 07 / 23 / 2015  
**Transaction ID : SA11AI.25747**  
 Amount of Each Receipt this Period 50.00  
 Donation

**c. Shiva Behera**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 945 N. Barton St Apt 301  
 City Arlington State VA Zip Code 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Besst 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  
 08 / 23 / 2015  
**Transaction ID : SA11AI.25748**  
 Amount of Each Receipt this Period 50.00  
 Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<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 19 OF 89
	<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**

**A. Shiva Behera**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 945 N. Barton St  
 Apt 301  
 City Arlington State VA Zip Code 22201  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2015  
**Transaction ID : SA11AI.25746**  
 Amount of Each Receipt this Period  
 50.00  
 Donation

**B. Joe Bell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7215 Packer r  
 City Belmont State MI Zip Code 49306  
 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 ▼  
 30.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : SA11AI.25750**  
 Amount of Each Receipt this Period  
 30.00  
 Donation

**C. Joe Bell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7215 Packer r  
 City Belmont State MI Zip Code 49306  
 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 ▼  
 80.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2015  
**Transaction ID : SA11AI.25749**  
 Amount of Each Receipt this Period  
 50.00  
 Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<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 89  
(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. Jeanette Bennett**

Mailing Address 201 Ellwood Dr

City Raleigh	State NC	Zip Code 27609
-----------------	-------------	-------------------

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 ▼  
25.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

**Transaction ID : SA11AI.25752**

Amount of Each Receipt this Period  
25.00

Donation

Full Name (Last, First, Middle Initial)  
**B. Jeanette Bennett**

Mailing Address 201 Ellwood Dr

City Raleigh	State NC	Zip Code 27609
-----------------	-------------	-------------------

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 ▼  
50.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2015

**Transaction ID : SA11AI.25753**

Amount of Each Receipt this Period  
25.00

Donation

Full Name (Last, First, Middle Initial)  
**C. Jeanette Bennett**

Mailing Address 201 Ellwood Dr

City Raleigh	State NC	Zip Code 27609
-----------------	-------------	-------------------

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
09	/	09	/	2015

**Transaction ID : SA11AI.25754**

Amount of Each Receipt this Period  
25.00

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<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 21 OF 89  
(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. Jeanette Bennett**

Mailing Address 201 Ellwood Dr

City Raleigh State NC Zip Code 27609

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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : SA11AI.25755**

Amount of Each Receipt this Period  
50.00

Donation

Full Name (Last, First, Middle Initial)  
**B. Jeanette Bennett**

Mailing Address 201 Ellwood Dr

City Raleigh State NC Zip Code 27609

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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2015  
**Transaction ID : SA11AI.25756**

Amount of Each Receipt this Period  
25.00

Donation

Full Name (Last, First, Middle Initial)  
**C. Jeanette Bennett**

Mailing Address 201 Ellwood Dr

City Raleigh State NC Zip Code 27609

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 ▼  
175.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2015  
**Transaction ID : SA11AI.25751**

Amount of Each Receipt this Period  
25.00

Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00

**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 22 OF 89
	<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. Jerry Chapman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 901 63rd St Ocean W  
City Marathon State FL Zip Code 33050  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
REtired Retired  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
08 / 25 / 2015  
Transaction ID : SA11AI.25759  
Amount of Each Receipt this Period  
100.00  
Donation

**B. Jerry Chapman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 901 63rd St Ocean W  
City Marathon State FL Zip Code 33050  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
REtired Retired  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
266.00

Date of Receipt  
09 / 14 / 2015  
Transaction ID : SA11AI.25760  
Amount of Each Receipt this Period  
166.00  
Donation

**C. Jerry Chapman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 901 63rd St Ocean W  
City Marathon State FL Zip Code 33050  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
REtired Retired  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
366.00

Date of Receipt  
10 / 16 / 2015  
Transaction ID : SA11AI.25758  
Amount of Each Receipt this Period  
100.00  
Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	366.00
<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 23 OF 89
	<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. Jason Cook</b>		Date of Receipt MM / DD / YYYY 07 / 26 / 2015 <b>Transaction ID : SA11AI.25761</b>
Mailing Address 4171 Hi-Hill Dr		Amount of Each Receipt this Period 20.00
City Lapeer	State MI	Zip Code 48446
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 ▼ 20.00	

Full Name (Last, First, Middle Initial) <b>B. Jason Cook</b>		Date of Receipt MM / DD / YYYY 08 / 23 / 2015 <b>Transaction ID : SA11AI.25763</b>
Mailing Address 4171 Hi-Hill Dr		Amount of Each Receipt this Period 11.00
City Lapeer	State MI	Zip Code 48446
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 ▼ 31.00	

Full Name (Last, First, Middle Initial) <b>C. Jason Cook</b>		Date of Receipt MM / DD / YYYY 09 / 03 / 2015 <b>Transaction ID : SA11AI.25764</b>
Mailing Address 4171 Hi-Hill Dr		Amount of Each Receipt this Period 50.00
City Lapeer	State MI	Zip Code 48446
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 ▼ 81.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.00
<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 24 OF 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)  
**A. Jason Cook**

Mailing Address 4171 Hi-Hill Dr

City Lapeer State MI Zip Code 48446

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 ▼ **101.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 11 / 2015**

**Transaction ID : SA11AI.25765**

Amount of Each Receipt this Period  
**20.00**

Donation

Full Name (Last, First, Middle Initial)  
**B. Jason Cook**

Mailing Address 4171 Hi-Hill Dr

City Lapeer State MI Zip Code 48446

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 ▼ **110.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 25 / 2015**

**Transaction ID : SA11AI.25766**

Amount of Each Receipt this Period  
**9.60**

Donation

Full Name (Last, First, Middle Initial)  
**C. Jason Cook**

Mailing Address 4171 Hi-Hill Dr

City Lapeer State MI Zip Code 48446

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 ▼ **126.05**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 22 / 2015**

**Transaction ID : SA11AI.25767**

Amount of Each Receipt this Period  
**15.45**

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.05</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 25 OF 89  
(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. Jerry Cumbie**

Mailing Address 1186 Oak Ridge Dr

City Terrell State TX Zip Code 75160

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

Name of Employer None Occupation Best Effort

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  
 09 / 03 / 2015  
**Transaction ID : SA11AI.25769**

Amount of Each Receipt this Period  
50.00

Donation

Full Name (Last, First, Middle Initial)  
**B. Jerry Cumbie**

Mailing Address 1186 Oak Ridge Dr

City Terrell State TX Zip Code 75160

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

Name of Employer None 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  
 09 / 23 / 2015  
**Transaction ID : SA11AI.25770**

Amount of Each Receipt this Period  
50.00

Donation

Full Name (Last, First, Middle Initial)  
**C. Jerry Cumbie**

Mailing Address 1186 Oak Ridge Dr

City Terrell State TX Zip Code 75160

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

Name of Employer None Occupation Best Effort

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  
 09 / 24 / 2015  
**Transaction ID : SA11AI.25768**

Amount of Each Receipt this Period  
225.00

Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00

**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 26 OF 89
	<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. Robert Dietrich**  
Full Name (Last, First, Middle Initial)

Mailing Address 1312 Burbeck Ave

City Richmond	State CA	Zip Code 94801
------------------	-------------	-------------------

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 ▼ **30.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2015

**Transaction ID : SA11AI.25771**

Amount of Each Receipt this Period  

30.00
-------

Donation

**B. David Eischens**  
Full Name (Last, First, Middle Initial)

Mailing Address 19239 Peel Dock Road

City Wellesley Island	State NY	Zip Code 13640
--------------------------	-------------	-------------------

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

Name of Employer ESM Schools	Occupation Administrator
---------------------------------	-----------------------------

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
08	/	31	/	2015

**Transaction ID : SA11AI.25773**

Amount of Each Receipt this Period  

50.00
-------

Donation

**C. David Eischens**  
Full Name (Last, First, Middle Initial)

Mailing Address 19239 Peel Dock Road

City Wellesley Island	State NY	Zip Code 13640
--------------------------	-------------	-------------------

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

Name of Employer ESM Schools	Occupation Administrator
---------------------------------	-----------------------------

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
09	/	06	/	2015

**Transaction ID : SA11AI.25774**

Amount of Each Receipt this Period  

50.00
-------

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>130.00</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 89  
(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. David Eischens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19239 Peel Dock Road  
 City Wellesley Island State NY Zip Code 13640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ESM Schools Occupation Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 120.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : SA11AI.25775**  
 Amount of Each Receipt this Period  
 20.00  
 Donation

**B. David Eischens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19239 Peel Dock Road  
 City Wellesley Island State NY Zip Code 13640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ESM Schools Occupation Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 170.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : SA11AI.25772**  
 Amount of Each Receipt this Period  
 50.00  
 Donation

**C. Samuel Faiello**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Sandy Ridge Road  
 City Stockton State NJ Zip Code 08559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shore Water 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  
 08 / 23 / 2015  
**Transaction ID : SA11AI.25776**  
 Amount of Each Receipt this Period  
 100.00  
 Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.00  
**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 28 OF 89
	(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. Samuel Faiello**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Sandy Ridge Road

City State Zip Code  
Stockton NJ 08559

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

Name of Employer Occupation  
Shore Water Best Effort

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
08 / 25 / 2015  
Transaction ID : SA11AI.25777

Amount of Each Receipt this Period  
100.00

Donation

**B. Samuel Faiello**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Sandy Ridge Road

City State Zip Code  
Stockton NJ 08559

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

Name of Employer Occupation  
Shore Water Best Effort

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
09 / 04 / 2015  
Transaction ID : SA11AI.25779

Amount of Each Receipt this Period  
100.00

Donation

**C. Samuel Faiello**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Sandy Ridge Road

City State Zip Code  
Stockton NJ 08559

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

Name of Employer Occupation  
Shore Water Best Effort

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
09 / 09 / 2015  
Transaction ID : SA11AI.25778

Amount of Each Receipt this Period  
50.00

Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**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 29 OF 89
	<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**

**A. Samuel Faiello**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Sandy Ridge Road  
 City Stockton State NJ Zip Code 08559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shore Water Occupation Best Effort  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 22 / 2015  
**Transaction ID : SA11AI.25780**  
 Amount of Each Receipt this Period 50.00  
 Donation

**B. Joe Flaherty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3316 Southern Cove  
 City Cabot State AR Zip Code 72023  
 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 ▼ 25.00

Date of Receipt 08 / 24 / 2015  
**Transaction ID : SA11AI.25782**  
 Amount of Each Receipt this Period 25.00  
 Donation

**C. Joe Flaherty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3316 Southern Cove  
 City Cabot State AR Zip Code 72023  
 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 ▼ 50.00

Date of Receipt 08 / 30 / 2015  
**Transaction ID : SA11AI.25783**  
 Amount of Each Receipt this Period 25.00  
 Donation

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**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 30 OF 89  
(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. Joe Flaherty**

Mailing Address 3316 Southern Cove

City Cabot                      State AR                      Zip Code 72023

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

Name of Employer                      Occupation  
Retired                      Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
75.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 10 / 2015  
**Transaction ID : SA11AI.25784**

Amount of Each Receipt this Period  
25.00

Donation

Full Name (Last, First, Middle Initial)  
**B. Joe Flaherty**

Mailing Address 3316 Southern Cove

City Cabot                      State AR                      Zip Code 72023

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

Name of Employer                      Occupation  
Retired                      Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 13 / 2015  
**Transaction ID : SA11AI.25785**

Amount of Each Receipt this Period  
25.00

Donation

Full Name (Last, First, Middle Initial)  
**C. Joe Flaherty**

Mailing Address 3316 Southern Cove

City Cabot                      State AR                      Zip Code 72023

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

Name of Employer                      Occupation  
Retired                      Retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
125.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 09 / 14 / 2015  
**Transaction ID : SA11AI.25787**

Amount of Each Receipt this Period  
25.00

Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 31 OF 89  
(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. Joe Flaherty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3316 Southern Cove  
 City Cabot State AR Zip Code 72023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Retired Retired  
 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  
 09 / 22 / 2015  
**Transaction ID : SA11AI.25788**  
 Amount of Each Receipt this Period 25.00  
 Donation

**B. Joe Flaherty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3316 Southern Cove  
 City Cabot State AR Zip Code 72023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Retired Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 160.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2015  
**Transaction ID : SA11AI.25781**  
 Amount of Each Receipt this Period 10.00  
 Donation

**C. Matthew Fuchs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3471 Cleveland Ave  
 City Grove City State OH Zip Code 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Self-employed Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : SA11AI.25789**  
 Amount of Each Receipt this Period 500.00  
 Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 535.00  
**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 32 OF 89
	(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. Ann Gabel**

Mailing Address 209 Carmel Woods Drive

City Ellisville State MO Zip Code 63021

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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2015  
**Transaction ID : SA11AI.25791**

Amount of Each Receipt this Period  
**20.00**

Donation

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

Mailing Address 209 Carmel Woods Drive

City Ellisville State MO Zip Code 63021

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 ▼ **40.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : SA11AI.25792**

Amount of Each Receipt this Period  
**20.00**

Donation

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

Mailing Address 209 Carmel Woods Drive

City Ellisville State MO Zip Code 63021

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 ▼ **50.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2015  
**Transaction ID : SA11AI.25793**

Amount of Each Receipt this Period  
**10.00**

Donation

**SUBTOTAL** of Receipts This Page (optional)..... **50.00**

**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 33 OF 89
	<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. Ann Gabel</b>		Date of Receipt MM / DD / YYYY 09 / 23 / 2015 <b>Transaction ID : SA11AI.25790</b>
Mailing Address 209 Carmel Woods Drive		Amount of Each Receipt this Period 70.00
City Ellisville	State MO	Zip Code 63021
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 70.00	

Full Name (Last, First, Middle Initial) <b>B. Laura Gutman</b>		Date of Receipt MM / DD / YYYY 10 / 28 / 2015 <b>Transaction ID : SA11AI.25794</b>
Mailing Address 310 Watts Street		Amount of Each Receipt this Period 150.00
City Durham	State NC	Zip Code 27701
FEC ID number of contributing federal political committee. <b>C</b>		Donation
Name of Employer Self-Employed	Occupation Best Effort	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

Full Name (Last, First, Middle Initial) <b>C. HESSIE HARRIS</b>		Date of Receipt MM / DD / YYYY 09 / 10 / 2015 <b>Transaction ID : SA11AI.25797</b>
Mailing Address 12901 Bluet Lane		Amount of Each Receipt this Period 300.00
City Silver Springs	State MD	Zip Code 20906
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 4900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	470.00
<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 34 OF 89
	<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. 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 ▼  
5100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2015  
**Transaction ID : SA11AI.25795**

Amount of Each Receipt this Period  
200.00

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 ▼  
5250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : SA11AI.25796**

Amount of Each Receipt this Period  
150.00

Donation

**C. John Harris**  
Full Name (Last, First, Middle Initial)

Mailing Address 2707 Patriot Dr.

City Tyler State TX Zip Code 75701

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

Name of Employer Univ of TX Occupation Best Effort

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : SA11AI.25802**

Amount of Each Receipt this Period  
20.00

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	370.00
<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 35 OF 89
	<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. John Harris**  
Full Name (Last, First, Middle Initial)

Mailing Address 2707 Patriot Dr.

City Tyler State TX Zip Code 75701

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

Name of Employer Univ of TX Occupation Best Effort

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **40.00**

Date of Receipt  
 09 / 10 / 2015  
**Transaction ID : SA11AI.25798**

Amount of Each Receipt this Period  
**20.00**

Donation

**B. John Harris**  
Full Name (Last, First, Middle Initial)

Mailing Address 2707 Patriot Dr.

City Tyler State TX Zip Code 75701

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

Name of Employer Univ of TX Occupation Best Effort

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt  
 09 / 13 / 2015  
**Transaction ID : SA11AI.25799**

Amount of Each Receipt this Period  
**10.00**

Donation

**C. John Harris**  
Full Name (Last, First, Middle Initial)

Mailing Address 2707 Patriot Dr.

City Tyler State TX Zip Code 75701

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

Name of Employer Univ of TX Occupation Best Effort

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **70.00**

Date of Receipt  
 09 / 24 / 2015  
**Transaction ID : SA11AI.25800**

Amount of Each Receipt this Period  
**20.00**

Donation

**SUBTOTAL** of Receipts This Page (optional)..... **50.00**

**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 36 OF 89  
(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. John Harris**

Mailing Address 2707 Patriot Dr.

City Tyler State TX Zip Code 75701

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

Name of Employer Univ of TX Occupation Best Effort

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **90.00**

Date of Receipt **11 / 22 / 2015**

**Transaction ID : SA11AI.25801**

Amount of Each Receipt this Period **20.00**

Donation

Full Name (Last, First, Middle Initial)  
**B. Clinton Holloman**

Mailing Address 5302 Leggett Lane

City Pearland State TX Zip Code 77584

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 **07 / 25 / 2015**

**Transaction ID : SA11AI.25803**

Amount of Each Receipt this Period **75.00**

Donation

Full Name (Last, First, Middle Initial)  
**C. Clinton Holloman**

Mailing Address 5302 Leggett Lane

City Pearland State TX Zip Code 77584

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 ▼ **150.00**

Date of Receipt **08 / 24 / 2015**

**Transaction ID : SA11AI.25805**

Amount of Each Receipt this Period **75.00**

Donation

**SUBTOTAL** of Receipts This Page (optional)..... **170.00**

**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 37 OF 89  
(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. Clinton Holloman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5302 Leggett Lane  
 City Pearlland State TX Zip Code 77584  
 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 ▼ 250.00

Date of Receipt  
 09 / 09 / 2015  
**Transaction ID : SA11AI.25806**  
 Amount of Each Receipt this Period 100.00  
 Donation

**B. Clinton Holloman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5302 Leggett Lane  
 City Pearlland State TX Zip Code 77584  
 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 ▼ 450.00

Date of Receipt  
 09 / 22 / 2015  
**Transaction ID : SA11AI.25807**  
 Amount of Each Receipt this Period 200.00  
 Donation

**C. Clinton Holloman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5302 Leggett Lane  
 City Pearlland State TX Zip Code 77584  
 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 ▼ 550.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : SA11AI.25808**  
 Amount of Each Receipt this Period 100.00  
 Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**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 38 OF 89
	(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. Clinton Holloman**

Mailing Address 5302 Leggett Lane

City Pearlland State TX Zip Code 77584

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 ▼ **590.00**

Date of Receipt **11 / 23 / 2015**

**Transaction ID : SA11AI.25809**

Amount of Each Receipt this Period **40.00**

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 Chicago Bridge and Iron, Inc. Occupation Nuclear Power Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

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

**Transaction ID : SA11AI.25817**

Amount of Each Receipt this Period **50.00**

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 Chicago Bridge and Iron, Inc. Occupation Nuclear Power Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **09 / 24 / 2015**

**Transaction ID : SA11AI.25818**

Amount of Each Receipt this Period **50.00**

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: PAGE 39 OF 89  
(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  
Tex Tech Industries Lab Technician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : SA11AI.25819**

Amount of Each Receipt this Period  
 35.00

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  
Tex Tech Industries Lab Technician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2015  
**Transaction ID : SA11AI.25820**

Amount of Each Receipt this Period  
 50.00

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  
IBM Test Engineer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2015  
**Transaction ID : SA11AI.25821**

Amount of Each Receipt this Period  
 100.00

Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 185.00

**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 40 OF 89  
(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. William McCraw**

Mailing Address 1600 Condor Court

City Chesapeake State VA Zip Code 23321

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

Name of Employer Occupation  
IBM Test Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 23 / 2015  
**Transaction ID : SA11AI.25822**

Amount of Each Receipt this Period  
100.00

Donation

Full Name (Last, First, Middle Initial)  
**B. John McKinnis**

Mailing Address 106 Bent Oak Drive

City Johnson City State TN Zip Code 37604

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

Name of Employer Occupation  
McKinnis & Scott

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  
09 / 03 / 2015  
**Transaction ID : SA11AI.25824**

Amount of Each Receipt this Period  
50.00

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 Occupation  
Declined, Best Effort Declined, Best Effort

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
08 / 23 / 2015  
**Transaction ID : SA11AI.25823**

Amount of Each Receipt this Period  
100.00

Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**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 41 OF 89
	(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"/> 16
		<input type="checkbox"/> 17

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

**A. Martin Munroe**  
Full Name (Last, First, Middle Initial)

Mailing Address 9630 Woodland Rd

City New Market	State MD	Zip Code 21774
--------------------	-------------	-------------------

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
08	/	23	/	2015

**Transaction ID : SA11AI.25825**

Amount of Each Receipt this Period  
100.00

Donation

**B. Martin Munroe**  
Full Name (Last, First, Middle Initial)

Mailing Address 9630 Woodland Rd

City New Market	State MD	Zip Code 21774
--------------------	-------------	-------------------

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
10	/	30	/	2015

**Transaction ID : SA11AI.25826**

Amount of Each Receipt this Period  
100.00

Donation

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

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 None	Occupation Retiree
--------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

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

**Transaction ID : SA11AI.25827**

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 42 OF 89
	<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. Randy Price**  
Full Name (Last, First, Middle Initial)  
Mailing Address 160 Radney Road  
City Houston State TX Zip Code 77024  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RBC Dain Rauscher Occupation Agent  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 14 / 2015**  
**Transaction ID : SA11AI.25828**  
Amount of Each Receipt this Period **500.00**  
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 **345.00**

Date of Receipt **09 / 08 / 2015**  
**Transaction ID : SA11AI.25829**  
Amount of Each Receipt this Period **75.00**  
Donation

**C. Helen Reske**  
Full Name (Last, First, Middle Initial)  
Mailing Address 845 S. Pendleton Ave  
City Pendleton State IN Zip Code 46064  
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 **09 / 09 / 2015**  
**Transaction ID : SA11AI.25830**  
Amount of Each Receipt this Period **100.00**  
Donation

**SUBTOTAL** of Receipts This Page (optional)..... **675.00**  
**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 89
	<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. Helen Reske**  
Full Name (Last, First, Middle Initial)

Mailing Address 845 S. Pendleton Ave

City Pendleton State IN Zip Code 46064

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  
 10 / 21 / 2015  
**Transaction ID : SA11AI.25831**

Amount of Each Receipt this Period  
 100.00

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 At Home Computer Service Occupation Declined, Best Effort

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2015  
**Transaction ID : SA11AI.25832**

Amount of Each Receipt this Period  
 100.00

Donation

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

Mailing Address 724 Jody Court

City Ruston State LA Zip Code 71270

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

Name of Employer Emmanuel Baptist Church 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  
 09 / 07 / 2015  
**Transaction ID : SA11AI.25837**

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 44 OF 89
	<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. Michael Ross**

Mailing Address 724 Jody Court

City Ruston State LA Zip Code 71270

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

Name of Employer Emmanuel Baptist Church Occupation Best Effort

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  
 10 / 19 / 2015  
**Transaction ID : SA11AI.25836**

Amount of Each Receipt this Period  
125.00

Donation

Full Name (Last, First, Middle Initial)  
**B. Peter Schaeffer**

Mailing Address 2918 E. Autumn Run Circle

City Sugar Land State TX Zip Code 77479

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

Name of Employer Self-Employed Occupation Best Effort

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  
 07 / 01 / 2015  
**Transaction ID : SA11AI.25834**

Amount of Each Receipt this Period  
1000.00

Donation

Full Name (Last, First, Middle Initial)  
**C. Peter Schaeffer**

Mailing Address 2918 E. Autumn Run Circle

City Sugar Land State TX Zip Code 77479

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

Name of Employer Self-Employed Occupation Best Effort

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : SA11AI.25835**

Amount of Each Receipt this Period  
2000.00

Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3125.00
<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 45 OF 89
	<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. Paul R. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3856

City Chico State CA Zip Code 95927

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  
 07 / 01 / 2015

**Transaction ID : SA11AI.25839**

Amount of Each Receipt this Period  
 100.00

Donation

**B. Paul R. Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3856

City Chico State CA Zip Code 95927

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  
 10 / 20 / 2015

**Transaction ID : SA11AI.25840**

Amount of Each Receipt this Period  
 100.00

Donation

**C. Brian Vocca**  
Full Name (Last, First, Middle Initial)

Mailing Address 10427 205th Drive SE

City Snohomish State WA Zip Code 98290

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

Name of Employer Self Employed Occupation Computer Systems Engineer

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  
 08 / 25 / 2015

**Transaction ID : SA11AI.25841**

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 46 OF 89
	<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	<input type="checkbox"/> 17

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

**A. Kevin Waterman**  
Full Name (Last, First, Middle Initial)

Mailing Address po box 3003

City State Zip Code  
Rock Springs WY 82902

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  
M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

**Transaction ID : SA11AI.25842**

Amount of Each Receipt this Period  
100.00

Donation

**B. Kevin Waterman**  
Full Name (Last, First, Middle Initial)

Mailing Address po box 3003

City State Zip Code  
Rock Springs WY 82902

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 ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 17 / 2015

**Transaction ID : SA11AI.25843**

Amount of Each Receipt this Period  
100.00

Donation

**C. Kevin Waterman**  
Full Name (Last, First, Middle Initial)

Mailing Address po box 3003

City State Zip Code  
Rock Springs WY 82902

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 ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 17 / 2015

**Transaction ID : SA11AI.25844**

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 47 OF 89
	<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. 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2015  
**Transaction ID : SA11AI.25845**  
 Amount of Each Receipt this Period  
 100.00  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2015  
**Transaction ID : SA11AI.25846**  
 Amount of Each Receipt this Period  
 100.00  
 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 ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015  
**Transaction ID : SA11AI.25847**  
 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 48 OF 89  
(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. 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 ▼ 1200.00

Date of Receipt 09 / 14 / 2015  
**Transaction ID : SA11AI.25848**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 1300.00

Date of Receipt 09 / 22 / 2015  
**Transaction ID : SA11AI.25849**  
 Amount of Each Receipt this Period 100.00  
 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 ▼ 1350.00

Date of Receipt 11 / 22 / 2015  
**Transaction ID : SA11AI.25850**  
 Amount of Each Receipt this Period 50.00  
 Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	12860.05



**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 89  
(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.** Full Name (Last, First, Middle Initial)  
**Americans for Legal Immigration PAC**

Mailing Address PO Box 30966

City Raleigh State NC Zip Code 27622

FEC ID number of contributing federal political committee. **C** C00405878

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 3100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : SA13.25815**

Amount of Each Receipt this Period  
 3100.00

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3100.00

**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 50 OF 89
<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) <b>A. Google Adwords</b>		Date of Receipt
Mailing Address 1600 Amphitheater Pkwy.		<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2015"/>
City	State	Zip Code
Mt. View	CA	94043
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA17.25598</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="181.58"/>
Receipt For:	Aggregate Year-to-Date ▼	Website advertising revenue
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="478.26"/>	

Full Name (Last, First, Middle Initial) <b>B. Google Adwords</b>		Date of Receipt
Mailing Address 1600 Amphitheater Pkwy.		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Mt. View	CA	94043
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA17.25596</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="102.87"/>
Receipt For:	Aggregate Year-to-Date ▼	Website advertising revenue
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="581.13"/>	

Full Name (Last, First, Middle Initial) <b>C. Google Adwords</b>		Date of Receipt
Mailing Address 1600 Amphitheater Pkwy.		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2015"/>
City	State	Zip Code
Mt. View	CA	94043
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA17.25597</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="105.80"/>
Receipt For:	Aggregate Year-to-Date ▼	Website advertising revenue
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="686.93"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="390.25"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 51 OF 89  
(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. Google Adwords**

Mailing Address 1600 Amphitheater Pkwy.

City State Zip Code  
Mt. View CA 94043

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
788.72

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 10 / 22 / 2015  
**Transaction ID : SA17.25595**

Amount of Each Receipt this Period  
101.79

Website advertising revenue

Full Name (Last, First, Middle Initial)  
**B. Google Adwords**

Mailing Address 1600 Amphitheater Pkwy.

City State Zip Code  
Mt. View CA 94043

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
974.28

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 11 / 23 / 2015  
**Transaction ID : SA17.25600**

Amount of Each Receipt this Period  
185.56

Website advertising revenue

Full Name (Last, First, Middle Initial)  
**C. Google Adwords**

Mailing Address 1600 Amphitheater Pkwy.

City State Zip Code  
Mt. View CA 94043

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1428.46

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 12 / 22 / 2015  
**Transaction ID : SA17.25599**

Amount of Each Receipt this Period  
454.18

Website advertising revenue

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	741.53
<b>TOTAL</b> This Period (last page this line number only).....▶	1131.78

**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. Branch Banking and Trust**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2015

Mailing Address 200 West Second Street

**Transaction ID : SB21B.25625**

City Winston-Salem State NC Zip Code 27101

Amount of Each Disbursement this Period

19.00
-------

Purpose of Disbursement  
Bank fee

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Branch Banking and Trust**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		21		2015

Mailing Address 200 West Second Street

**Transaction ID : SB21B.25626**

City Winston-Salem State NC Zip Code 27101

Amount of Each Disbursement this Period

4.00
------

Purpose of Disbursement  
Bank fee

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Branch Banking and Trust**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2015

Mailing Address 200 West Second Street

**Transaction ID : SB21B.25627**

City Winston-Salem State NC Zip Code 27101

Amount of Each Disbursement this Period

4.00
------

Purpose of Disbursement  
Bank fee

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

27.00
-------

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

--

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Branch Banking and Trust**

Mailing Address 200 West Second Street

City Winston-Salem State NC Zip Code 27101

Purpose of Disbursement  
Bank fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 21 / 2015

**Transaction ID : SB21B.25628**

Amount of Each Disbursement this Period

4.00

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  
Bank fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 23 / 2015

**Transaction ID : SB21B.25629**

Amount of Each Disbursement this Period

4.00

Full Name (Last, First, Middle Initial)

**C. Branch Banking and Trust**

Mailing Address 200 West Second Street

City Winston-Salem State NC Zip Code 27101

Purpose of Disbursement  
Bank fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2015

**Transaction ID : SB21B.25630**

Amount of Each Disbursement this Period

16.00

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

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

24.00

**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. CenturyLink formerly Embarq**

Mailing Address 100 CenturyLink Drive

City State Zip Code  
Monroe LA 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

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SB21B.25632**

Amount of Each Disbursement this Period

37.92

Full Name (Last, First, Middle Initial)

**B. CenturyLink formerly Embarq**

Mailing Address 100 CenturyLink Drive

City State Zip Code  
Monroe LA 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

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

**Transaction ID : SB21B.25633**

Amount of Each Disbursement this Period

37.87

Full Name (Last, First, Middle Initial)

**C. CenturyLink formerly Embarq**

Mailing Address 100 CenturyLink Drive

City State Zip Code  
Monroe LA 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

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : SB21B.25634**

Amount of Each Disbursement this Period

37.87

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

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

113.66

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. 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  
10 / 30 / 2015

Transaction ID : **SB21B.25635**

Amount of Each Disbursement this Period

37.82

Full Name (Last, First, Middle Initial)

**B. 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  
12 / 01 / 2015

Transaction ID : **SB21B.25636**

Amount of Each Disbursement this Period

38.23

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  
12 / 30 / 2015

Transaction ID : **SB21B.25637**

Amount of Each Disbursement this Period

38.15

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

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

114.20

**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 fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2015

**Transaction ID : SB21B.25603**

Amount of Each Disbursement this Period

60.40

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  
07 / 17 / 2015

**Transaction ID : SB21B.25609**

Amount of Each Disbursement this Period

1567.78

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 fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2015

**Transaction ID : SB21B.25604**

Amount of Each Disbursement this Period

60.40

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

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

1688.58



**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  
08 / 25 / 2015

**Transaction ID : SB21B.25610**

Amount of Each Disbursement this Period

1567.74

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 fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2015

**Transaction ID : SB21B.25605**

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  
09 / 22 / 2015

**Transaction ID : SB21B.25611**

Amount of Each Disbursement this Period

1567.78

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

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

3195.92

**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 fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2015

**Transaction ID : SB21B.25606**

Amount of Each Disbursement this Period

60.40

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  
10 / 30 / 2015

**Transaction ID : SB21B.25612**

Amount of Each Disbursement this Period

1567.74

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 fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

**Transaction ID : SB21B.25607**

Amount of Each Disbursement this Period

60.40

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

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

1688.54

**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  
11 / 16 / 2015

**Transaction ID : SB21B.25613**

Amount of Each Disbursement this Period

1563.28

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 fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2015

**Transaction ID : SB21B.25608**

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  
12 / 14 / 2015

**Transaction ID : SB21B.25623**

Amount of Each Disbursement this Period

447.32

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

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

2071.00

**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. 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

MM / DD / YYYY  
07 / 01 / 2015

**Transaction ID : SB21B.25571**

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

MM / DD / YYYY  
07 / 21 / 2015

**Transaction ID : SB21B.25573**

Amount of Each Disbursement this Period

230.87

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

MM / DD / YYYY  
09 / 08 / 2015

**Transaction ID : SB21B.25574**

Amount of Each Disbursement this Period

230.88

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

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

692.63

**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
09	/	28	/	2015

**Transaction ID : SB21B.25576**

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
11	/	04	/	2015

**Transaction ID : SB21B.25579**

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
12	/	01	/	2015

**Transaction ID : SB21B.25581**

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
12	/	23	/	2015

**Transaction ID : SB21B.25583**

Amount of Each Disbursement this Period

110.00
--------

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

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2015

**Transaction ID : SB21B.25647**

Amount of Each Disbursement this Period

11.88
-------

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
08	/	24	/	2015

**Transaction ID : SB21B.25649**

Amount of Each Disbursement this Period

63.96
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

185.84
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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. 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

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	5

**Transaction ID : SB21B.25650**

Amount of Each Disbursement this Period

1	7	.	4	9
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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

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	1	5

**Transaction ID : SB21B.25651**

Amount of Each Disbursement this Period

1	2	.	9	9
---	---	---	---	---

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

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	5

**Transaction ID : SB21B.25652**

Amount of Each Disbursement this Period

1	2	.	9	9
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4	3	.	7
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		.	
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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. 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  
10 / 26 / 2015

Transaction ID : **SB21B.25653**

Amount of Each Disbursement this Period: 17.49

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  
12 / 23 / 2015

Transaction ID : **SB21B.25654**

Amount of Each Disbursement this Period: 37.47

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  
12 / 24 / 2015

Transaction ID : **SB21B.25655**

Amount of Each Disbursement this Period: 17.49

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 72.45

**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. 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  
07 / 01 / 2015

**Transaction ID : SB21B.25665**

Amount of Each Disbursement this Period

189.96

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  
07 / 31 / 2015

**Transaction ID : SB21B.25662**

Amount of Each Disbursement this Period

327.54

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  
08 / 31 / 2015

**Transaction ID : SB21B.25661**

Amount of Each Disbursement this Period

425.00

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

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

942.50

**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  
09 / 09 / 2015

**Transaction ID : SB21B.25666**

Amount of Each Disbursement this Period

1.00

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  
09 / 30 / 2015

**Transaction ID : SB21B.25664**

Amount of Each Disbursement this Period

525.52

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  
10 / 01 / 2015

**Transaction ID : SB21B.25656**

Amount of Each Disbursement this Period

26.04

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

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

552.56

**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) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2015

**Transaction ID : SB21B.25658**

Amount of Each Disbursement this Period

26.47

Category/  
Type

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) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2015

**Transaction ID : SB21B.25660**

Amount of Each Disbursement this Period

27.70

Category/  
Type

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) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

**Transaction ID : SB21B.25659**

Amount of Each Disbursement this Period

18.36

Category/  
Type

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

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

72.53

**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  
10 / 13 / 2015

Transaction ID : **SB21B.25667**

Amount of Each Disbursement this Period

39.05

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  
10 / 15 / 2015

Transaction ID : **SB21B.25669**

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  
10 / 31 / 2015

Transaction ID : **SB21B.25668**

Amount of Each Disbursement this Period

329.92

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

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

369.97

**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  
11 / 30 / 2015

**Transaction ID : SB21B.25663**

Amount of Each Disbursement this Period

100.00

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 services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2015

**Transaction ID : SB21B.25670**

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 services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2015

**Transaction ID : SB21B.25671**

Amount of Each Disbursement this Period

975.00

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

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

2050.00

**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. Inetservices LLC**

Mailing Address 841 Worcester Road  
#218

City Natick State MA Zip Code 01760

Purpose of Disbursement  
Website hosting services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 16 / 2015

Transaction ID : **SB21B.25672**

Amount of Each Disbursement this Period

667.00

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 services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2015

Transaction ID : **SB21B.25673**

Amount of Each Disbursement this Period

449.00

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 services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2015

Transaction ID : **SB21B.25674**

Amount of Each Disbursement this Period

449.00

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

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

1565.00

**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. Inetservices LLC**

Mailing Address 841 Worcester Road  
#218

City Natick State MA Zip Code 01760

Purpose of Disbursement  
Website hosting services

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
12	/	08	/	2015

Transaction ID : **SB21B.25675**

Amount of Each Disbursement this Period

449.00
--------

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

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2015

Transaction ID : **SB21B.25584**

Amount of Each Disbursement this Period

1000.00
---------

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

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2015

Transaction ID : **SB21B.25585**

Amount of Each Disbursement this Period

250.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1699.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

MM / DD / YYYY  
07 / 02 / 2015

**Transaction ID : SB21B.25676**

Amount of Each Disbursement this Period

120.00

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

MM / DD / YYYY  
08 / 02 / 2015

**Transaction ID : SB21B.25677**

Amount of Each Disbursement this Period

150.00

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

MM / DD / YYYY  
09 / 02 / 2015

**Transaction ID : SB21B.25678**

Amount of Each Disbursement this Period

150.00

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

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

420.00



**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

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

**Transaction ID : SB21B.25679**

Amount of Each Disbursement this Period

150.00
--------

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	/	D	D	/	Y	Y	Y	Y
11			02			2015			

**Transaction ID : SB21B.25680**

Amount of Each Disbursement this Period

150.00
--------

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	/	D	D	/	Y	Y	Y	Y
12			02			2015			

**Transaction ID : SB21B.25681**

Amount of Each Disbursement this Period

150.00
--------

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

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

450.00
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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

MM / DD / YYYY  
07 / 06 / 2015

**Transaction ID : SB21B.25688**

Amount of Each Disbursement this Period

63.00

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

MM / DD / YYYY  
08 / 05 / 2015

**Transaction ID : SB21B.25689**

Amount of Each Disbursement this Period

73.00

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

MM / DD / YYYY  
09 / 04 / 2015

**Transaction ID : SB21B.25690**

Amount of Each Disbursement this Period

73.00

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

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

209.00

**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. 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

MM / DD / YYYY  
10 / 05 / 2015

**Transaction ID : SB21B.25691**

Amount of Each Disbursement this Period

73.00

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

MM / DD / YYYY  
11 / 05 / 2015

**Transaction ID : SB21B.25692**

Amount of Each Disbursement this Period

73.00

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

MM / DD / YYYY  
12 / 04 / 2015

**Transaction ID : SB21B.25693**

Amount of Each Disbursement this Period

73.00

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

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

219.00

**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. 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) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2015

**Transaction ID : SB21B.25590**

Amount of Each Disbursement this Period

100.00

Category/Type

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) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2015

**Transaction ID : SB21B.25591**

Amount of Each Disbursement this Period

100.00

Category/Type

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) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

**Transaction ID : SB21B.25592**

Amount of Each Disbursement this Period

100.00

Category/Type

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

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

300.00

**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. 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  
10 / 09 / 2015

**Transaction ID : SB21B.25593**

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  
11 / 10 / 2015

**Transaction ID : SB21B.25594**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Rackspace**

Mailing Address 1 Fanatical Place  
City of Windcrest

City San Antonio State TX Zip Code 78218

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

MM / DD / YYYY  
07 / 29 / 2015

**Transaction ID : SB21B.25682**

Amount of Each Disbursement this Period

36.00

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

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

236.00

**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. Rackspace**

Mailing Address 1 Fanatical Place  
City of Windcrest

City San Antonio State TX Zip Code 78218

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

MM / DD / YYYY  
08 / 29 / 2015

Transaction ID : SB21B.25683

Amount of Each Disbursement this Period

38.00

Full Name (Last, First, Middle Initial)

**B. Rackspace**

Mailing Address 1 Fanatical Place  
City of Windcrest

City San Antonio State TX Zip Code 78218

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

MM / DD / YYYY  
09 / 29 / 2015

Transaction ID : SB21B.25684

Amount of Each Disbursement this Period

38.00

Full Name (Last, First, Middle Initial)

**C. Rackspace**

Mailing Address 1 Fanatical Place  
City of Windcrest

City San Antonio State TX Zip Code 78218

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

MM / DD / YYYY  
10 / 29 / 2015

Transaction ID : SB21B.25685

Amount of Each Disbursement this Period

38.00

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

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

114.00

**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. Rackspace**

Mailing Address 1 Fanatical Place  
City of Windcrest

City San Antonio State TX Zip Code 78218

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

MM / DD / YYYY  
11 / 29 / 2015

Transaction ID : **SB21B.25686**

Amount of Each Disbursement this Period

38.00

Full Name (Last, First, Middle Initial)

**B. Rackspace**

Mailing Address 1 Fanatical Place  
City of Windcrest

City San Antonio State TX Zip Code 78218

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

MM / DD / YYYY  
12 / 29 / 2015

Transaction ID : **SB21B.25687**

Amount of Each Disbursement this Period

38.00

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  
07 / 16 / 2015

Transaction ID : **SB21B.25697**

Amount of Each Disbursement this Period

156.48

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

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

232.48

**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  
08 / 16 / 2015

**Transaction ID : SB21B.25698**

Amount of Each Disbursement this Period

158.74

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  
09 / 16 / 2015

**Transaction ID : SB21B.25699**

Amount of Each Disbursement this Period

145.92

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  
10 / 16 / 2015

**Transaction ID : SB21B.25700**

Amount of Each Disbursement this Period

139.52

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

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

444.18



**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  
11 / 16 / 2015

Transaction ID : **SB21B.25701**

Amount of Each Disbursement this Period

173.13

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  
12 / 16 / 2015

Transaction ID : **SB21B.25702**

Amount of Each Disbursement this Period

166.61

Full Name (Last, First, Middle Initial)

**C. vbulletin**

Mailing Address 909 North Sepulveda Boulevard, 11t

City El Segundo State CA Zip Code 90245

Purpose of Disbursement  
Website software and support

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 01 / 2015

Transaction ID : **SB21B.25704**

Amount of Each Disbursement this Period

199.00

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

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

538.74

**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

/  /

07 / 07 / 2015

**Transaction ID : SB21B.25638**

Amount of Each Disbursement this Period

85.70

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

/  /

08 / 07 / 2015

**Transaction ID : SB21B.25639**

Amount of Each Disbursement this Period

86.69

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

/  /

09 / 08 / 2015

**Transaction ID : SB21B.25640**

Amount of Each Disbursement this Period

85.70

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

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

258.09

**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

M	M	/	D	D	/	Y	Y	Y	Y
10			07			2015			

Transaction ID : SB21B.25641

Amount of Each Disbursement this Period

86.62
-------

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

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2015			

Transaction ID : SB21B.25642

Amount of Each Disbursement this Period

87.98
-------

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

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2015			

Transaction ID : SB21B.25643

Amount of Each Disbursement this Period

86.62
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

261.22
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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. Westmoreland Printers**

Mailing Address 2020 E Dixon Blvd

City Shelby State NC Zip Code 28150

Purpose of Disbursement  
Letterhead and envelopes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2015

**Transaction ID : SB21B.25705**

Amount of Each Disbursement this Period

1745.25

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 and mailing services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 14 / 2015

**Transaction ID : SB21B.25706**

Amount of Each Disbursement this Period

943.38

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  
07 / 21 / 2015

**Transaction ID : SB21B.25572**

Amount of Each Disbursement this Period

4236.84

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

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

6925.47

**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 Dotster removing funds from personal acct

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2015

**Transaction ID : SB21B.25814**

Amount of Each Disbursement this Period

197.89

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  
09 / 04 / 2015

**Transaction ID : SB21B.25810**

Amount of Each Disbursement this Period

500.00

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  
09 / 08 / 2015

**Transaction ID : SB21B.25811**

Amount of Each Disbursement this Period

500.00

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

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

1197.89

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**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  
09 / 11 / 2015

**Transaction ID : SB21B.25812**

Amount of Each Disbursement this Period

1700.00

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  
09 / 11 / 2015

**Transaction ID : SB21B.25813**

Amount of Each Disbursement this Period

1536.85

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  
09 / 28 / 2015

**Transaction ID : SB21B.25575**

Amount of Each Disbursement this Period

4236.84

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

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

7473.69

**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. 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  
10 / 26 / 2015

**Transaction ID : SB21B.25578**

Amount of Each Disbursement this Period

4236.85

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  
11 / 23 / 2015

**Transaction ID : SB21B.25580**

Amount of Each Disbursement this Period

4236.84

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  
12 / 24 / 2015

**Transaction ID : SB21B.25582**

Amount of Each Disbursement this Period

1900.00

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

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

10373.69

47514.92

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **Americans for Legal Immigration PAC** Transaction ID : **SC/10.25815**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Americans for Legal Immigration PAC	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 30966	
City Raleigh State NC ZIP Code 27622	

Original Amount of Loan 3100.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3100.00
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**TERMS**

Date Incurred: MM / DD / YYYY (12 / 07 / 2015) Date Due: MM / DD / YYYY (6/7/2016) Interest Rate: 4.25 % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	3100.00
<b>TOTALS</b> This Period (last page in this line only).....▶	3100.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
Information found on
Page \_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.25815.SC1
Americans for Legal Immigration PAC
FEC IDENTIFICATION NUMBER
C C00405878

LENDING INSTITUTION (LENDER) Amount of Loan Interest Rate (APR)
Full Name Kabbage, Inc. 3100.00 4.25 %

Mailing Address 925 B Peachtree St. NE Suite 1688
City Atlanta State GA Zip Code 30309
Date Incurred or Established 12 / 07 / 2015
Date Due 6/7/2016
Back Ref SC/10.25815

A. Has loan been restructured? [X] No [ ] Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred? [X] No [ ] Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? [X] No [ ] Yes If yes, specify:
What is the value of this collateral? 0.00
Does the lender have a perfected security interest in it? [X] No [ ] Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? [X] No [ ] Yes If yes, specify:
What is the estimated value? 0.00

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).
Date account established:
Location of account:
Address:
City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER DATE
Typed Name Beverly Cotter Signature 01 / 31 / 2016

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE [Electronically Filed] DATE
Typed Name Beverly Cotter Signature Beverly Cotter Title Treasurer 12 / 07 / 2015