

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

Americans for Legal Immigration PAC

ADDRESS (number and street)

PO Box 30966

☐Check if different  
than previously  
reported. (ACC)

Raleigh

NC

27622

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00405878

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

04

2008

in the  
State of

NC

5. Covering Period

10

01

2008

through

11

24

2008

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

Type or Print Name of Treasurer

Ms Jane Patterson

Signature of Treasurer

Electronically Filed by Ms Jane Patterson

Date

12

07

2009

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

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

A. Form/Schedule : **F3XA**

A 31 cent correction was made to the 11/24 disbursement to PayPal.

Transaction ID :

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 40

Write or Type Committee Name  
Americans for Legal Immigration PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 4 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1                                                                                 |                         | 11384.48                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....                                                       | 15350.07                |                                   |
| (c) Total Receipts (from Line 19) .....                                                                          | 6981.00                 | 92876.81                          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....             | 22331.07                | 104261.29                         |
| 7. Total Disbursements (from Line 31) .....                                                                      | 21380.41                | 103310.63                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 950.66                  | 950.66                            |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 40

Write or Type Committee Name

Americans for Legal Immigration PAC

Report Covering the Period:

From:

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

To:

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 4 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| I. Receipts                                                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                             |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                                |                               |                                   |
| (i) Itemized (use Schedule A) .....                                                                    | 1900.00                       | 28095.00                          |
| (ii) Unitemized .....                                                                                  | 5081.00                       | 63992.97                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....                                                         | 6981.00                       | 92087.97                          |
| (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) .....     | 6981.00                       | 92087.97                          |
| 12. Transfers From Affiliated/Other Party Committees .....                                             | 0.00                          | 0.00                              |
| 13. All Loans Received .....                                                                           | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....                                                                     | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 788.84                            |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....                                           | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds                                                         |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....                                                       | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....                                                               | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).                                                              | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 6981.00                       | 92876.81                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 6981.00                       | 92876.81                          |

## DETAILED SUMMARY PAGE

of Disbursements

5 / 40

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS                                                                              |          | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:                                                                    |          |                               |                                   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |          |                               |                                   |
| (i) Federal Share.....                                                                         | 0.00     | 0.00                          |                                   |
| (ii) Non-Federal Share.....                                                                    | 0.00     | 0.00                          |                                   |
| (b) Other Federal Operating Expenditures.....                                                  | 15121.96 | 95852.18                      |                                   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤                        | 15121.96 | 95852.18                      |                                   |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00     | 0.00                          |                                   |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 2500.00  | 2500.00                       |                                   |
| 24. Independent Expenditure (use Schedule E) .....                                             | 3758.45  | 3758.45                       |                                   |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00     | 0.00                          |                                   |
| 26. Loan Repayments Made.....                                                                  | 0.00     | 0.00                          |                                   |
| 27. Loans Made.....                                                                            | 0.00     | 0.00                          |                                   |
| 28. Refunds of Contributions To:                                                               |          |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00     | 1200.00                       |                                   |
| (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     | 1200.00                       |                                   |
| 29. Other Disbursements.....                                                                   | 0.00     | 0.00                          |                                   |
| 30. Federal Election Activity (2 U.S.C 431(20))                                                |          |                               |                                   |
| (a) Shared Federal Election Activity (from Schedule H6)                                        |          |                               |                                   |
| (i) Federal Share .....                                                                        | 0.00     | 0.00                          |                                   |
| (ii) "Levin" Share .....                                                                       | 0.00     | 0.00                          |                                   |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00     | 0.00                          |                                   |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00     | 0.00                          |                                   |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 21380.41 | 103310.63                     |                                   |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 21380.41 | 103310.63                     |                                   |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 40

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 6981.00                       | 92087.97                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 1200.00                           |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 6981.00                       | 90887.97                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 15121.96                      | 95852.18                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 788.84                            |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 15121.96                      | 95063.34                          |

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

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

FOR LINE NUMBER: PAGE 7 / 40

(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

**A.**

Full Name (Last, First, Middle Initial)

Steven Ald

Mailing Address 715 Central Avenue

City

Dunkirk

State

NY

Zip Code

14048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Best Effort

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.9945

Amount of Each Receipt this Period

50.00

C

**B.**

Full Name (Last, First, Middle Initial)

Kathryn K. Bell

Mailing Address 669 Rockledge Ct

City

Frisco

State

TX

Zip Code

75034

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 ▼

1550.00

Date of Receipt

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

Transaction ID: SA11AI.9889

Amount of Each Receipt this Period

50.00

C

**C.**

Full Name (Last, First, Middle Initial)

Lawrence Bordonaro

Mailing Address 5744 Tobias Ave

City

Van Nuys

State

CA

Zip Code

91411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fox Digital

Occupation  
Technical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.9887

Amount of Each Receipt this Period

50.00

C

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

150.00

**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 / 40

(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)

Kathryn S Cromer

Mailing Address 4342 Provinceline Rd

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Healthcare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

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

Transaction ID: SA11AI.9873

Amount of Each Receipt this Period

100.00

C

**B.**

Full Name (Last, First, Middle Initial)

Kathryn S Cromer

Mailing Address 4342 Provinceline Rd

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Healthcare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.9899

Amount of Each Receipt this Period

100.00

C

**C.**

Full Name (Last, First, Middle Initial)

Kathryn S Cromer

Mailing Address 4342 Provinceline Rd

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Healthcare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.9917

Amount of Each Receipt this Period

100.00

C

**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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 40

(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)

Kenneth Davis

Mailing Address PO Box 999

City

Fort Worth

State

TX

Zip Code

76101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Great Western Drilling

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: SA11AI.9736

Amount of Each Receipt this Period

250.00

k

**B.**

Full Name (Last, First, Middle Initial)

Richard Elliott

Mailing Address 7023 Milani Street

City

Lake Worth

State

FL

Zip Code

33467-5903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.9903

Amount of Each Receipt this Period

30.00

C

**C.**

Full Name (Last, First, Middle Initial)

Richard Elliott

Mailing Address 7023 Milani Street

City

Lake Worth

State

FL

Zip Code

33467-5903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.9939

Amount of Each Receipt this Period

30.00

C

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

310.00

**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 / 40

(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)

Hessie Harris

Mailing Address 12901 Blue 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 ▼

2100.00

Date of Receipt

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

Transaction ID: SA11AI.9888

Amount of Each Receipt this Period

1000.00

C

**B.**

Full Name (Last, First, Middle Initial)

Jerry Houchens

Mailing Address 2428 N. Valencia Ave.

City

Santa Ana

State

CA

Zip Code

92706

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 ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.9993

Amount of Each Receipt this Period

25.00

p

**C.**

Full Name (Last, First, Middle Initial)

Jack Layel

Mailing Address PO Box 853

City

Lake Havasu City

State

AZ

Zip Code

86405

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 ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.9914

Amount of Each Receipt this Period

50.00

C

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

1075.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 40

(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)

Richard D. Reamer

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 ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.9862

Amount of Each Receipt this Period

30.00

Ck

**B.**

Full Name (Last, First, Middle Initial)

Richard D. Reamer

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 ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.9863

Amount of Each Receipt this Period

35.00

Ck

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

65.00

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

1900.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 40

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

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NAME OF COMMITTEE (In Full)

Americans for Legal Immigration PAC

**A.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 36001

City State Zip Code  
Ft. Lauderdale FL 33336

Purpose of Disbursement

Credit Card Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.9722

Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

75.58

**B.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 36001

City State Zip Code  
Ft. Lauderdale FL 33336

Purpose of Disbursement

Credit Card Processing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.9791

Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

7.80

**C.**

Full Name (Last, First, Middle Initial)

AT&T

Mailing Address PO Box 1857

City State Zip Code  
Alpharetta GA 30023

Purpose of Disbursement

Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.9719

Date of Disbursement

10 / 07 / 2008

Amount of Each Disbursement this Period

388.02

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

471.40

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 40

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

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NAME OF COMMITTEE (In Full)

Americans for Legal Immigration PAC

A.

Full Name (Last, First, Middle Initial)

Authorize Net Corporation

Mailing Address 915 S. 500 E. Ste. 200

City  
American Fork

State  
VT

Zip Code  
84003

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9723

Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

45.60

B.

Full Name (Last, First, Middle Initial)

Authorize Net Corporation

Mailing Address 915 S. 500 E. Ste. 200

City  
American Fork

State  
VT

Zip Code  
84003

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9793

Date of Disbursement

11 / 04 / 2008

Amount of Each Disbursement this Period

44.20

C.

Full Name (Last, First, Middle Initial)

Branch Banking and Trust

Mailing Address 4409 Creedmore Rd.

City  
Raleigh

State  
NC

Zip Code  
27612

Purpose of Disbursement  
Service Charge

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9788

Date of Disbursement

10 / 21 / 2008

Amount of Each Disbursement this Period

5.00

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

94.80

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 40

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

|                                                                                                                                      |                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Branch Banking and Trust                                                        | <b>Transaction ID:</b> SB21B.9811<br><b>Date of Disbursement</b>                                                                                                                                                                                                               |
| Mailing Address 4409 Creedmore Rd.                                                                                                   | <div> <div><small>M</small>1</div> <div><small>M</small></div> <div>/</div> <div><small>D</small>2</div> <div><small>D</small>1</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>8</div> </div>  |
| City Raleigh State NC Zip Code 27612                                                                                                 | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                                                 |
| Purpose of Disbursement Service Charge<br>Candidate Name                                                                             | <div>408.00</div>                                                                                                                                                                                                                                                              |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                                              |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Constant Contact                                                                | <b>Transaction ID:</b> SB21B.9726<br><b>Date of Disbursement</b>                                                                                                                                                                                                               |
| Mailing Address 1601 Trapelo Road, Suite 329<br>866-289-2101                                                                         | <div> <div><small>M</small>1</div> <div><small>M</small>0</div> <div>/</div> <div><small>D</small>0</div> <div><small>D</small>2</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>8</div> </div> |
| City Waltham State MA Zip Code 02451                                                                                                 | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                                                 |
| Purpose of Disbursement E-mail Service<br>Candidate Name                                                                             | <div>150.00</div>                                                                                                                                                                                                                                                              |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                                              |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Constant Contact                                                                | <b>Transaction ID:</b> SB21B.9790<br><b>Date of Disbursement</b>                                                                                                                                                                                                               |
| Mailing Address 1601 Trapelo Road, Suite 329<br>866-289-2101                                                                         | <div> <div><small>M</small>1</div> <div><small>M</small></div> <div>/</div> <div><small>D</small>0</div> <div><small>D</small>3</div> <div>/</div> <div><small>Y</small>2</div> <div><small>Y</small>0</div> <div><small>Y</small>0</div> <div><small>Y</small>8</div> </div>  |
| City Waltham State MA Zip Code 02451                                                                                                 | <b>Amount of Each Disbursement this Period</b>                                                                                                                                                                                                                                 |
| Purpose of Disbursement E-mail service<br>Candidate Name                                                                             | <div>150.00</div>                                                                                                                                                                                                                                                              |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                                                                              |

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

708.00

**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)

PAGE 15 / 40

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

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NAME OF COMMITTEE (In Full)

Americans for Legal Immigration PAC

A.

Full Name (Last, First, Middle Initial)

Cornerstone American

Mailing Address 12600 Deerfield Pkwy. Ste 375

City Alphareta State GA Zip Code 30004

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9725

Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

123.40

B.

Full Name (Last, First, Middle Initial)

Cornerstone American

Mailing Address 12600 Deerfield Pkwy. Ste 375

City Alphareta State GA Zip Code 30004

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9792

Date of Disbursement

11 / 04 / 2008

Amount of Each Disbursement this Period

65.09

C.

Full Name (Last, First, Middle Initial)

Corporate Payroll Service

Mailing Address 1000 Miller Court West

City Norcross State GA Zip Code 30071

Purpose of Disbursement  
Payroll Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9714

Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

56.86

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

245.35

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 40

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

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NAME OF COMMITTEE (In Full)

Americans for Legal Immigration PAC

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Corporate Payroll Service</p> <p>Mailing Address 1000 Miller Court West</p> <p>City Norcross State GA Zip Code 30071</p> <p>Purpose of Disbursement<br/>Payroll Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> SB21B.9715</p> <p>Date of Disbursement<br/>10 / 08 / 2008</p> <p>Amount of Each Disbursement this Period<br/>1337.12</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Corporate Payroll Service</p> <p>Mailing Address 1000 Miller Court West</p> <p>City Norcross State GA Zip Code 30071</p> <p>Purpose of Disbursement<br/>Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.9710</p> <p>Date of Disbursement<br/>10 / 14 / 2008</p> <p>Amount of Each Disbursement this Period<br/>1242.52</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Corporate Payroll Service</p> <p>Mailing Address 1000 Miller Court West</p> <p>City Norcross State GA Zip Code 30071</p> <p>Purpose of Disbursement<br/>Payroll Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> SB21B.9796</p> <p>Date of Disbursement<br/>11 / 10 / 2008</p> <p>Amount of Each Disbursement this Period<br/>94.60</p>   |

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

2674.24

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 40

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

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NAME OF COMMITTEE (In Full)

Americans for Legal Immigration PAC

**A.**

Full Name (Last, First, Middle Initial)

Corporate Payroll Service

Mailing Address 1000 Miller Court West

City Norcross State GA Zip Code 30071

Purpose of Disbursement

Payroll Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.9799

Date of Disbursement

11 / 10 / 2008

Amount of Each Disbursement this Period

55.24

**B.**

Full Name (Last, First, Middle Initial)

Corporate Payroll Service

Mailing Address 1000 Miller Court West

City Norcross State GA Zip Code 30071

Purpose of Disbursement

Payroll Tax

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.9812

Date of Disbursement

11 / 24 / 2008

Amount of Each Disbursement this Period

509.23

**C.**

Full Name (Last, First, Middle Initial)

Corporate Payroll Service

Mailing Address 1000 Miller Court West

City Norcross State GA Zip Code 30071

Purpose of Disbursement

Payroll Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.9813

Date of Disbursement

11 / 24 / 2008

Amount of Each Disbursement this Period

57.12

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

621.59

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 40

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

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NAME OF COMMITTEE (In Full)

Americans for Legal Immigration PAC

**A.**

Full Name (Last, First, Middle Initial)

Discover Network

Mailing Address PO Box 3022

City  
New Albany

State  
OH

Zip Code  
43052

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.9724

Date of Disbursement

/   /

Amount of Each Disbursement this Period

60.60

**B.**

Full Name (Last, First, Middle Initial)

Dotster Inc.

Mailing Address PO Box 821066

City  
Vancouver

State  
WA

Zip Code  
98682

Purpose of Disbursement  
Domain Registration

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.9804

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.95

**C.**

Full Name (Last, First, Middle Initial)

Embarq

Mailing Address PO Box 96064

City  
Charlotte

State  
NC

Zip Code  
28296

Purpose of Disbursement  
Internet Svc

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.9704

Date of Disbursement

/   /

Amount of Each Disbursement this Period

49.74

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

126.29

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 40

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

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NAME OF COMMITTEE (In Full)

Americans for Legal Immigration PAC

**A.**

Full Name (Last, First, Middle Initial)

Embarq

Mailing Address PO Box 96064

City  
Charlotte

State  
NC

Zip Code  
28296

Purpose of Disbursement  
Internet Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.9803

Date of Disbursement

/   /

Amount of Each Disbursement this Period

47.84

**B.**

Full Name (Last, First, Middle Initial)

Google Adwords

Mailing Address 1600 Amphitheater Pkwy.

City  
Mt. View

State  
CA

Zip Code  
94043

Purpose of Disbursement  
Advertisement for website

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.9706

Date of Disbursement

/   /

Amount of Each Disbursement this Period

54.32

**C.**

Full Name (Last, First, Middle Initial)

Google Adwords

Mailing Address 1600 Amphitheater Pkwy.

City  
Mt. View

State  
CA

Zip Code  
94043

Purpose of Disbursement  
Advertisement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.9802

Date of Disbursement

/   /

Amount of Each Disbursement this Period

301.51

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

403.67

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 40

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

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NAME OF COMMITTEE (In Full)

Americans for Legal Immigration PAC

A.

Full Name (Last, First, Middle Initial)

Palmer Web Consulting

Mailing Address PO Box 1992

City  
Old Fort

State  
NC

Zip Code  
28762

Purpose of Disbursement  
Consulting Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9712

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Palmer Web Consulting

Mailing Address PO Box 1992

City  
Old Fort

State  
NC

Zip Code  
28762

Purpose of Disbursement  
Consulting Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9795

Date of Disbursement

11 / 07 / 2008

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms Jane Patterson

Mailing Address PO Box 30966

City  
Raleigh

State  
NC

Zip Code  
27622-0966

Purpose of Disbursement  
Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9737

Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

155.75

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

1155.75

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 40

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

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NAME OF COMMITTEE (In Full)

Americans for Legal Immigration PAC

**A.**

Full Name (Last, First, Middle Initial)

Office Depot

Mailing Address 401 Carroll

City  
Ft. Worth

State  
TX

Zip Code  
76107

Purpose of Disbursement  
Paper and Stamps

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.9737.1

Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

51.19

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

US Postal Service

Mailing Address 4325 Glenwood Ave.

City  
Raleigh

State  
NC

Zip Code  
27612

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.9737.2

Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

84.00

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Ms Jane Patterson

Mailing Address PO Box 30966

City  
Raleigh

State  
NC

Zip Code  
27622-0966

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.9789

Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

461.75

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

461.75

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 40

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

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NAME OF COMMITTEE (In Full)

Americans for Legal Immigration PAC

A.

Full Name (Last, First, Middle Initial)

Ms Jane Patterson

Mailing Address PO Box 30966

City  
Raleigh

State  
NC

Zip Code  
27622-0966

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9809

Date of Disbursement

11 / 19 / 2008

Amount of Each Disbursement this Period

461.75

B.

Full Name (Last, First, Middle Initial)

PayPal

Mailing Address 2145 Hamilton Avenue

City  
San Jose

State  
CA

Zip Code  
95125

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.10037

Date of Disbursement

11 / 24 / 2008

Amount of Each Disbursement this Period

48.39

C.

Full Name (Last, First, Middle Initial)

Rackspace Managed Hosting

Mailing Address 9725 Datapoint Drive, Suite 100  
210-447-4000

City  
San Antonio

State  
TX

Zip Code  
78229

Purpose of Disbursement  
Internet Server

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9709

Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

450.00

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

960.14

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

B. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.10037**

Math correction of 31 cents.

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 40

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

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NAME OF COMMITTEE (In Full)

Americans for Legal Immigration PAC

A.

Full Name (Last, First, Middle Initial)

Rackspace Managed Hosting

Mailing Address 9725 Datapoint Drive, Suite 100  
210-447-4000

City State Zip Code  
San Antonio TX 78229

Purpose of Disbursement  
Internet Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9798

Date of Disbursement

11 / 20 / 2008

Amount of Each Disbursement this Period

520.00

B.

Full Name (Last, First, Middle Initial)

Time Warner Cable

Mailing Address 2505 Atlantic Ave. Ste. 101

City State Zip Code  
Raleigh NC 27604

Purpose of Disbursement  
Broadband Cable

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9707

Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

142.96

C.

Full Name (Last, First, Middle Initial)

Time Warner Cable

Mailing Address 2505 Atlantic Ave. Ste. 101

City State Zip Code  
Raleigh NC 27604

Purpose of Disbursement  
Broadband Cable Svc.

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9801

Date of Disbursement

11 / 13 / 2008

Amount of Each Disbursement this Period

142.96

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

805.92

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 40

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

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NAME OF COMMITTEE (In Full)

Americans for Legal Immigration PAC

A.

Full Name (Last, First, Middle Initial)

US Postal Service

Mailing Address 4325 Glenwood Ave.

City  
Raleigh

State  
NC

Zip Code  
27612

Purpose of Disbursement  
Postage Package

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9721

Date of Disbursement

10 / 06 / 2008

Amount of Each Disbursement this Period

59.59

B.

Full Name (Last, First, Middle Initial)

Vonage

Mailing Address 23 Main St

City  
Holmdel

State  
NJ

Zip Code  
07733

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9718

Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

43.51

C.

Full Name (Last, First, Middle Initial)

Vonage

Mailing Address 23 Main St

City  
Holmdel

State  
NJ

Zip Code  
07733

Purpose of Disbursement  
Telephone Service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.9794

Date of Disbursement

11 / 07 / 2008

Amount of Each Disbursement this Period

41.34

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

144.44

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 40

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

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NAME OF COMMITTEE (In Full)

Americans for Legal Immigration PAC

**A.**

Full Name (Last, First, Middle Initial)

William Gheen

Mailing Address PO Box 30966

City  
Raleigh

State  
NC

Zip Code  
27622

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.9713

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

3063.48

**B.**

Full Name (Last, First, Middle Initial)

William Gheen

Mailing Address PO Box 30966

City  
Raleigh

State  
NC

Zip Code  
27622

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.9711

Date of Disbursement

10 / 14 / 2008

Amount of Each Disbursement this Period

3063.48

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

6126.96

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

15000.30

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 40

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Americans for Legal Immigration PAC

A.

Full Name (Last, First, Middle Initial)

BRIAN BILBRAY FOR CONGRESS

Mailing Address 2466 Unicornio Street

City Carlsbad State CA Zip Code 92009

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
BRIAN P BILBRAY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 50

Transaction ID: SB23.9837

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ELIZABETH DOLE COMMITTEE INC

Mailing Address PO BOX 2918

City RALEIGH State NC Zip Code 27602

Purpose of Disbursement  
Contribution to Candidate

Candidate Name  
ELIZABETH DOLE

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.9818

Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF BOB CONLEY

Mailing Address PO BOX 12727

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
ROBERT M CONLEY

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 00

Transaction ID: SB23.9823

Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 40

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

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NAME OF COMMITTEE (In Full)

Americans for Legal Immigration PAC

**A.** Full Name (Last, First, Middle Initial)  
LOU BARLETTA FOR CONGRESS

Mailing Address P.O. BOX 128

City Hazleton State PA Zip Code 18201

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
LOU BARLETTA

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 11

Transaction ID: SB23.9846

Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
MCCAUL FOR CONGRESS, INC

Mailing Address 815-A Brazos Street  
PMB 230

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
MICHAEL MCCAUL

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 10

Transaction ID: SB23.9843

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
MCCLINTOCK FOR CONGRESS

Mailing Address 2150 RIVER PLAZA DR. #150

City SACRAMENTO State CA Zip Code 95833

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
THOMAS MCCLINTOCK

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 04

Transaction ID: SB23.9855

Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 40

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Americans for Legal Immigration PAC

## **A.** Full Name (Last, First, Middle Initial) **ROSKAM FOR CONGRESS COMMITTEE**

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
PETER ROSKAM

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 06

**Transaction ID:** SB23.9849

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

## **B.** Full Name (Last, First, Middle Initial) **SALI FOR CONGRESS**

Mailing Address PO Box 71

City Kuna State ID Zip Code 83634

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
WILLIAM T SALI

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ID District: 01

**Transaction ID:** SB23.9840

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

## **C.** Full Name (Last, First, Middle Initial) **TOM FEENEY FOR CONGRESS**

Mailing Address P. O. Box 622345

City Oviedo State FL Zip Code 32762

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
TOM FEENEY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 24

**Transaction ID:** SB23.9852

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 40

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

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NAME OF COMMITTEE (In Full)

Americans for Legal Immigration PAC

A.

Full Name (Last, First, Middle Initial)

WILLIAM RUSSELL FOR CONGRESS

Mailing Address PO BOX 630

City  
JOHNSTOWN

State  
PA

Zip Code  
15907

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
WILLIAM RUSSELL

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 12

Transaction ID: SB23.10031

Date of Disbursement

<sup>M</sup>  <sup>M</sup> /  <sup>D</sup>  <sup>D</sup> /  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>  <sup>Y</sup>

Amount of Each Disbursement this Period

250.00

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

250.00

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

2500.00

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 31 / 40

FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Americans for Legal Immigration PAC                                                                                                                                                                                                                                                                                          |  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00405878                                                                                                       |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>BFBV                                                                                                                                                                                                                                                                                                   |  | Date<br>MM / DD / YYYY<br>10 / 30 / 2008                                                                                                                       |  |
| Mailing Address<br>2850 Perry Ave                                                                                                                                                                                                                                                                                                                           |  | Amount<br>170.00                                                                                                                                               |  |
| City State Zip Code<br>Chicago IL 60628                                                                                                                                                                                                                                                                                                                     |  | <b>Transaction ID:</b> SE.9762                                                                                                                                 |  |
| Purpose of Expenditure<br>Commercial                                                                                                                                                                                                                                                                                                                        |  | Office Sought: <input type="checkbox"/> House State: SC<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Category/Type<br>004                                                                                                                                                                                                                                                                                                                                        |  | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose                                                                         |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>LINDSEY OLIN GRAHAM                                                                                                                                                                                                                                                                       |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____             |  |
| Calendar Year-To-Date Per Election<br>for Office Sought 2090.65                                                                                                                                                                                                                                                                                             |  | 2008                                                                                                                                                           |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Clear Channel                                                                                                                                                                                                                                                                                          |  | Date<br>MM / DD / YYYY<br>10 / 23 / 2008                                                                                                                       |  |
| Mailing Address<br>13 Summerlin Rd.                                                                                                                                                                                                                                                                                                                         |  | Amount<br>300.00                                                                                                                                               |  |
| City State Zip Code<br>Asheville NC 28806                                                                                                                                                                                                                                                                                                                   |  | <b>Transaction ID:</b> SE.9775                                                                                                                                 |  |
| Purpose of Expenditure<br>Radio Commercial                                                                                                                                                                                                                                                                                                                  |  | Office Sought: <input type="checkbox"/> House State: NC<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Category/Type<br>004                                                                                                                                                                                                                                                                                                                                        |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                         |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>ELIZABETH DOLE                                                                                                                                                                                                                                                                            |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____             |  |
| Calendar Year-To-Date Per Election<br>for Office Sought 300.00                                                                                                                                                                                                                                                                                              |  | 2008                                                                                                                                                           |  |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                              |  | 470.00                                                                                                                                                         |  |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                |  |
| (c) <b>TOTAL</b> Independent Expenditures .....                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                                                                                |  |
| Ms Jane Patterson<br>Signature                                                                                                                                                                                                                                                                                                                              |  | Date<br>MM / DD / YYYY<br>12 / 07 / 2009                                                                                                                       |  |

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 32 / 40

FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Americans for Legal Immigration PAC                                                                                                                                                                                                                                                                                          |  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00405878</div>                      |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Curtis Media Group                                                                                                                                                                                                                                                                                     |  | Date<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY<br/>10 / 31 / 2008</div> </div>                                         |  |
| Mailing Address<br>3012 Highwoods Blvd # 200                                                                                                                                                                                                                                                                                                                |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1050.00</div>                                                             |  |
| City State Zip Code<br>Raleigh NC 27604                                                                                                                                                                                                                                                                                                                     |  | <b>Transaction ID:</b> SE.9783                                                                                                                                 |  |
| Purpose of Expenditure<br>Radio Ad                                                                                                                                                                                                                                                                                                                          |  | Office Sought: <input type="checkbox"/> House State: NC<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Category/<br>Type 004                                                                                                                                                                                                                                                                                                                                       |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                         |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>ELIZABETH DOLE                                                                                                                                                                                                                                                                            |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____             |  |
| Calendar Year-To-Date Per Election<br>for Office Sought                                                                                                                                                                                                                                                                                                     |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1667.80</div>                                                                       |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>IBX Media                                                                                                                                                                                                                                                                                              |  | Date<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY<br/>10 / 30 / 2008</div> </div>                                         |  |
| Mailing Address<br>408 West Arlington Blvd<br>Ste 101-B                                                                                                                                                                                                                                                                                                     |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">180.00</div>                                                              |  |
| City State Zip Code<br>Greenville NC 27834                                                                                                                                                                                                                                                                                                                  |  | <b>Transaction ID:</b> SE.9756                                                                                                                                 |  |
| Purpose of Expenditure<br>Radio Ad                                                                                                                                                                                                                                                                                                                          |  | Office Sought: <input type="checkbox"/> House State: NC<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Category/<br>Type 004                                                                                                                                                                                                                                                                                                                                       |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                         |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>ELIZABETH DOLE                                                                                                                                                                                                                                                                            |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____             |  |
| Calendar Year-To-Date Per Election<br>for Office Sought                                                                                                                                                                                                                                                                                                     |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;">480.00</div>                                                                        |  |
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                              |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1230.00</div>                                                                       |  |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                            |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                              |  |
| <b>(c) TOTAL</b> Independent Expenditures .....                                                                                                                                                                                                                                                                                                             |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                              |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                                                                                |  |
| Ms Jane Patterson<br>Signature                                                                                                                                                                                                                                                                                                                              |  | Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY<br/>12 / 07 / 2009</div> </div>                                            |  |

A. Form/Schedule : **SE**  
Transaction ID : **SE.9783**

WPTF, WCTK, WSJS

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 34 / 40

FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Americans for Legal Immigration PAC                                                                                                                                                                                                                                                                                          |  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00405878                                                                                                       |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Mass Media Distribution                                                                                                                                                                                                                                                                                |  | Date<br>MM / DD / YYYY<br>10 / 24 / 2008                                                                                                                       |  |
| Mailing Address<br>12693 Tamiami Trl. E. # 222                                                                                                                                                                                                                                                                                                              |  | Amount<br>199.00                                                                                                                                               |  |
| City State Zip Code<br>Naples FL 34113                                                                                                                                                                                                                                                                                                                      |  | <b>Transaction ID:</b> SE.9743                                                                                                                                 |  |
| Purpose of Expenditure<br>Press Release                                                                                                                                                                                                                                                                                                                     |  | Office Sought: <input type="checkbox"/> House State: SC<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Category/Type<br>004                                                                                                                                                                                                                                                                                                                                        |  | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose                                                                         |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>LINDSEY OLIN GRAHAM                                                                                                                                                                                                                                                                       |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____             |  |
| Calendar Year-To-Date Per Election<br>for Office Sought                                                                                                                                                                                                                                                                                                     |  | 2008                                                                                                                                                           |  |
| 199.00                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Mass Media Distribution                                                                                                                                                                                                                                                                                |  | Date<br>MM / DD / YYYY<br>10 / 27 / 2008                                                                                                                       |  |
| Mailing Address<br>12693 Tamiami Trl. E. # 222                                                                                                                                                                                                                                                                                                              |  | Amount<br>199.00                                                                                                                                               |  |
| City State Zip Code<br>Naples FL 34113                                                                                                                                                                                                                                                                                                                      |  | <b>Transaction ID:</b> SE.9745                                                                                                                                 |  |
| Purpose of Expenditure<br>Press Release                                                                                                                                                                                                                                                                                                                     |  | Office Sought: <input type="checkbox"/> House State: SC<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Category/Type<br>004                                                                                                                                                                                                                                                                                                                                        |  | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose                                                                         |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>LINDSEY OLIN GRAHAM                                                                                                                                                                                                                                                                       |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____             |  |
| Calendar Year-To-Date Per Election<br>for Office Sought                                                                                                                                                                                                                                                                                                     |  | 2008                                                                                                                                                           |  |
| 398.00                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                |  |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                              |  | 398.00                                                                                                                                                         |  |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                |  |
| (c) <b>TOTAL</b> Independent Expenditures .....                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                                                                                |  |
| Ms Jane Patterson<br>Signature                                                                                                                                                                                                                                                                                                                              |  | Date<br>MM / DD / YYYY<br>12 / 07 / 2009                                                                                                                       |  |

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 35 / 40

FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Americans for Legal Immigration PAC                                                                                                                                                                                                                                                                                          |  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00405878                                       |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice                                                                                                                                                                                                                                                                    |  |                                                                                                |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Mass Media Distribution                                                                                                                                                                                                                                                                                |  | Date<br>MM / DD / YYYY<br>10 / 28 / 2008                                                       |  |
| Mailing Address<br>12693 Tamiami Trl. E. # 222                                                                                                                                                                                                                                                                                                              |  | Amount<br>199.00                                                                               |  |
| City<br>Naples                                                                                                                                                                                                                                                                                                                                              |  | <b>Transaction ID:</b> SE.9748                                                                 |  |
| State<br>FL                                                                                                                                                                                                                                                                                                                                                 |  | Office Sought: <input type="checkbox"/> House State: SC                                        |  |
| Zip Code<br>34113                                                                                                                                                                                                                                                                                                                                           |  | <input checked="" type="checkbox"/> Senate District: _____                                     |  |
| Purpose of Expenditure<br>Press Release                                                                                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Presidential                                                          |  |
| Category/<br>Type 004                                                                                                                                                                                                                                                                                                                                       |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose         |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>LINDSEY OLIN GRAHAM                                                                                                                                                                                                                                                                       |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |  |
| Calendar Year-To-Date Per Election<br>for Office Sought 611.65                                                                                                                                                                                                                                                                                              |  | <input type="checkbox"/> Other (specify) : _____<br>2008                                       |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Morehead City                                                                                                                                                                                                                                                                                          |  | Date<br>MM / DD / YYYY<br>10 / 30 / 2008                                                       |  |
| Mailing Address<br>PO Box 70                                                                                                                                                                                                                                                                                                                                |  | Amount<br>90.00                                                                                |  |
| City<br>New Port                                                                                                                                                                                                                                                                                                                                            |  | <b>Transaction ID:</b> SE.9754                                                                 |  |
| State<br>NC                                                                                                                                                                                                                                                                                                                                                 |  | Office Sought: <input type="checkbox"/> House State: SC                                        |  |
| Zip Code<br>28570                                                                                                                                                                                                                                                                                                                                           |  | <input checked="" type="checkbox"/> Senate District: _____                                     |  |
| Purpose of Expenditure<br>Radio Ad                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> Presidential                                                          |  |
| Category/<br>Type 004                                                                                                                                                                                                                                                                                                                                       |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose         |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>ELIZABETH DOLE                                                                                                                                                                                                                                                                            |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |  |
| Calendar Year-To-Date Per Election<br>for Office Sought 1920.65                                                                                                                                                                                                                                                                                             |  | <input type="checkbox"/> Other (specify) : _____<br>2008                                       |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |  | 289.00                                                                                         |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                   |  |                                                                                                |  |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |  |                                                                                                |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                |  |
| Ms Jane Patterson<br>Signature                                                                                                                                                                                                                                                                                                                              |  | Date<br>MM / DD / YYYY<br>12 / 07 / 2009                                                       |  |

B. Form/Schedule : **SE**  
Transaction ID : **SE.9754**

WTKF

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 37 / 40

FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Americans for Legal Immigration PAC                                                                                                                                                                                                                                                                                          |  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00405878                                                                                                       |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Sea-Comm Media                                                                                                                                                                                                                                                                                         |  | Date<br>M M / D D / Y Y Y Y<br>1 0 / 3 0 / 2 0 0 8                                                                                                             |  |
| Mailing Address<br>122 Cinema Drive                                                                                                                                                                                                                                                                                                                         |  | Amount<br>100.00                                                                                                                                               |  |
| City State Zip Code<br>Wilmington NC 28403                                                                                                                                                                                                                                                                                                                  |  | <b>Transaction ID:</b> SE.9758                                                                                                                                 |  |
| Purpose of Expenditure<br>Radio Ad                                                                                                                                                                                                                                                                                                                          |  | Office Sought: <input type="checkbox"/> House State: NC<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Category/Type<br>004                                                                                                                                                                                                                                                                                                                                        |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                         |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>ELIZABETH DOLE                                                                                                                                                                                                                                                                            |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____             |  |
| Calendar Year-To-Date Per Election<br>for Office Sought                                                                                                                                                                                                                                                                                                     |  | 2008                                                                                                                                                           |  |
| 580.00                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Time Warner Cable                                                                                                                                                                                                                                                                                      |  | Date<br>M M / D D / Y Y Y Y<br>1 0 / 3 0 / 2 0 0 8                                                                                                             |  |
| Mailing Address<br>2505 Atlantic Ave. Ste. 101                                                                                                                                                                                                                                                                                                              |  | Amount<br>719.00                                                                                                                                               |  |
| City State Zip Code<br>Raleigh NC 27604                                                                                                                                                                                                                                                                                                                     |  | <b>Transaction ID:</b> SE.9751                                                                                                                                 |  |
| Purpose of Expenditure<br>Commercial South Carolina                                                                                                                                                                                                                                                                                                         |  | Office Sought: <input type="checkbox"/> House State: SC<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Category/Type<br>004                                                                                                                                                                                                                                                                                                                                        |  | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose                                                                         |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>LINDSEY OLIN GRAHAM                                                                                                                                                                                                                                                                       |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____             |  |
| Calendar Year-To-Date Per Election<br>for Office Sought                                                                                                                                                                                                                                                                                                     |  | 2008                                                                                                                                                           |  |
| 1330.65                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                |  |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                              |  | 819.00                                                                                                                                                         |  |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                |  |
| (c) <b>TOTAL</b> Independent Expenditures .....                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                                                                                |  |
| Ms Jane Patterson<br>Signature                                                                                                                                                                                                                                                                                                                              |  | Date<br>M M / D D / Y Y Y Y<br>1 2 / 0 7 / 2 0 0 9                                                                                                             |  |

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 38 / 40

FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Americans for Legal Immigration PAC                                                                                                                                                                                                                                                                                          |  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><b>C</b> C00405878                                                                                                       |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>Urban Radio                                                                                                                                                                                                                                                                                            |  | Date<br>M M / D D / Y Y Y Y<br>1 0 / 3 0 / 2 0 0 8                                                                                                             |  |
| Mailing Address<br>1900 Pineview Rd                                                                                                                                                                                                                                                                                                                         |  | Amount<br>500.00                                                                                                                                               |  |
| City State Zip Code<br>Columbia SC 29229                                                                                                                                                                                                                                                                                                                    |  | <b>Transaction ID:</b> SE.9752                                                                                                                                 |  |
| Purpose of Expenditure<br>Radio Ad                                                                                                                                                                                                                                                                                                                          |  | Office Sought: <input type="checkbox"/> House State: SC<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Category/Type<br>004                                                                                                                                                                                                                                                                                                                                        |  | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose                                                                         |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>LINDSEY OLIN GRAHAM                                                                                                                                                                                                                                                                       |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____             |  |
| Calendar Year-To-Date Per Election<br>for Office Sought                                                                                                                                                                                                                                                                                                     |  | 2008                                                                                                                                                           |  |
| 1830.65                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>US Postal Service                                                                                                                                                                                                                                                                                      |  | Date<br>M M / D D / Y Y Y Y<br>1 0 / 2 7 / 2 0 0 8                                                                                                             |  |
| Mailing Address<br>4325 Glenwood Ave.                                                                                                                                                                                                                                                                                                                       |  | Amount<br>14.65                                                                                                                                                |  |
| City State Zip Code<br>Raleigh NC 27612                                                                                                                                                                                                                                                                                                                     |  | <b>Transaction ID:</b> SE.9779                                                                                                                                 |  |
| Purpose of Expenditure<br>Postage                                                                                                                                                                                                                                                                                                                           |  | Office Sought: <input type="checkbox"/> House State: SC<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Category/Type<br>004                                                                                                                                                                                                                                                                                                                                        |  | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose                                                                         |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>LINDSEY OLIN GRAHAM                                                                                                                                                                                                                                                                       |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____             |  |
| Calendar Year-To-Date Per Election<br>for Office Sought                                                                                                                                                                                                                                                                                                     |  | 2008                                                                                                                                                           |  |
| 412.65                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                |  |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                              |  | 514.65                                                                                                                                                         |  |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                |  |
| (c) <b>TOTAL</b> Independent Expenditures .....                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                                                                                |  |
| Ms Jane Patterson<br>Signature                                                                                                                                                                                                                                                                                                                              |  | Date<br>M M / D D / Y Y Y Y<br>1 2 / 0 7 / 2 0 0 9                                                                                                             |  |

A. Form/Schedule : **SE**

WZMJ, WOIC, MFX

Transaction ID : **SE.9752**

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 40 / 40

FOR LINE 24 OF FORM 3X

|                                                                                          |  |                                                                                                                                                                                                                               |                                                                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br>Americans for Legal Immigration PAC                       |  |                                                                                                                                                                                                                               | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00405878</div>                                                        |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice |  |                                                                                                                                                                                                                               |                                                                                                                                                                                                  |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>US Postal Service                   |  | Date<br><div style="display: flex; justify-content: space-between;"> <div><small>M M</small><br/>1 0</div> <div><small>D D</small><br/>3 0</div> <div><small>Y Y Y Y</small><br/>2 0 0 8</div> </div>                         |                                                                                                                                                                                                  |  |
| Mailing Address<br>4325 Glenwood Ave.                                                    |  | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">37.80</div>                                                                                             |                                                                                                                                                                                                  |  |
| City<br>Raleigh                                                                          |  | State<br>NC                                                                                                                                                                                                                   | <b>Transaction ID:</b> SE.9780<br>Office Sought: <input type="checkbox"/> House State: NC<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Presidential |  |
| Purpose of Expenditure<br>Postage                                                        |  | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; text-align: center;">004</div><br>Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |                                                                                                                                                                                                  |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>ELIZABETH DOLE         |  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____<br>2008                                                                    |                                                                                                                                                                                                  |  |
| Calendar Year-To-Date Per Election<br>for Office Sought                                  |  | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">617.80</div>                                                                                                      |                                                                                                                                                                                                  |  |

|                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                              | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">37.80</div>                                                                            |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                    |
| (c) <b>TOTAL</b> Independent Expenditures .....                                                                                                                                                                                                                                                                                                             | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">3758.45</div>                                                                          |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |                                                                                                                                                                                                    |
| Ms Jane Patterson<br>_____<br>Signature                                                                                                                                                                                                                                                                                                                     | Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small><br/>1 2</div> <div><small>D D</small><br/>0 7</div> <div><small>Y Y Y Y</small><br/>2 0 0 9</div> </div> |