

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL ROOM 2001 OCT 16 A 9 34

Office Use Only

1. NAME OF COMMITTEE (In full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 U.S. IMMIGRATION REFORM PAC

ADDRESS (number and street) C/O JAMES BARNES 437 CLINTON AVE BROOKLYN NY 11238

2. FEC IDENTIFICATION NUMBER 00253906 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [ ] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: [ ] April 15 Quarterly Report (Q1) [ ] July 15 Quarterly Report (Q2) [X] October 15 Quarterly Report (Q3) [ ] January 31 Year-End Report (YE) [ ] July 31 Mid-Year Report (Non-election Year Only) (MY) [ ] Termination Report (TER) (b) Monthly Report Due On: [ ] Feb 20 (M2) [ ] May 20 (M5) [ ] Aug 20 (M8) [ ] Nov 20 (M11) (Non-Election Year Only) [ ] Mar 20 (M3) [ ] Jun 20 (M6) [ ] Sep 20 (M9) [ ] Dec 20 (M12) (Non-Election Year Only) [ ] Apr 20 (M4) [ ] Jul 20 (M7) [ ] Oct 20 (M10) [ ] Jan 31 (YE) (c) 12-Day PRE-Election Report for the: [ ] Primary (12P) [ ] General (12G) [ ] Runoff (12R) [ ] Convention (12C) [ ] Special (12S) Election on: [ ] [ ] [ ] In the State of: [ ] (d) 30-Day POST-Election Report for the: [ ] General (30G) [ ] Runoff (30R) [ ] Special (30S) Election on: [ ] [ ] [ ] In the State of: [ ]

5. Covering Period 09 09 2001 through 09 30 2001

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 JAMES R. BARNES Signature of Treasurer [Signature] Date 10 15 2001

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 (Revised 1/01)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

**U.S. IMMIGRATION REFORM PAC**

Report Covering the Period:

From:

**07 01 2001**

To:

**09 30 2001**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2001</b>		<b>15752</b>
(b) Cash on Hand at Beginning of Reporting Period	<b>8633</b>	
(c) Total Receipts (from Line 10)	<b>5135</b>	<b>6093</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<b>13768</b>	<b>21845</b>
7. Total Disbursements (from Line 30)	<b>2300</b>	<b>10377</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<b>11468</b>	<b>11468</b>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		

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

For further information contact:

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

**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 2X (Revised 1/01)

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Write or Type Committee Name

**U.S. IMMIGRATION REFORM PAC**

Report Covering the Period: From:

**07 01 2001**

To:

**09 30 2001**

**I. Receipts**

**COLUMN A  
Total This Period**

**COLUMN B  
Calendar Year-to-Date**

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A) .....

**5000**

(ii) Unitemized .....

**51**

(iii) TOTAL (add Lines 11(a)(i) and (ii) .....

**5051**

**5733**

(b) Political Party Committees .....

(c) Other Political Committees (such as PACs) .....

(d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 32, page 4) .....

**5051**

**5733**

12. Transfers From Affiliated/Other Party Committees .....

13. All Loans Received .....

14. Loan Repayments Received .....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 38, page 4) .....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....

17. Other Federal Receipts (Dividends, Interest, etc.) .....

**84**

**360**

18. Transfers from Nonfederal Account for Joint Activity .....

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....

**5135**

**6093**

20. Total Federal Receipts (subtract Line 16 from Line 19) .....

**5135**

**6093**

**DETAILED SUMMARY PAGE  
of Disbursements**

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....	300	1,166
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	300	1,166
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	2,000	2,500
24. Independent Expenditures (use Schedule E) .....	0	6,711
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 5441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) .....	2,300	10,377
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30) .....	2,300	10,377
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5,651	6,093
33. Total Contribution Refunds (from Line 28(d)) .....		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....	5,651	6,093
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	300	1,166
36. Offsets to Operating Expenditures (from Line 15, page 3) .....		
37. Net Operating Expenditures (subtract Line 35 from Line 35) .....	300	1,166

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (in Full)  
**U.S. IMMIGRATION REFORM PAC**

**A.** Full Name (Last, First, Middle Initial)  
**THLLEN, MAX JR.**

Mailing Address  
**199 MOUNTAIN VIEW AVE.**

City **SAN RAFAEL** State **CA** Zip Code **94901**

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

Name of Employer **RETIRED** Occupation **ATTORNEY**

Receipt For:  
 Primary  General  
 Other (specify) ▾

Aggregate Year-to-Date ▾  
**5000**

Date of Receipt  
**09 / 05 / 2001**

Amount of Each Receipt this Period  
**5000**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▾

Aggregate Year-to-Date ▾

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▾

Aggregate Year-to-Date ▾

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) **5000**

TOTAL This Period (last page this line number only) **5000**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)							
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28
	<input type="checkbox"/> 28	<input type="checkbox"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 31	<input type="checkbox"/> 32	<input type="checkbox"/> 33	<input type="checkbox"/> 34	<input type="checkbox"/> 35

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NAME OF COMMITTEE (In Full)  
**U.S. IMMIGRATION REFORM PAC**

**A. MERRILL LYNCH**

Full Name (Last, First, Middle Initial)

Mailing Address: **4400 ROUTE 9 SOUTH**

City: **FREEHOLD** State: **NJ** Zip Code: **07928**

Purpose of Disbursement: **ASSET ACCOUNT MANAGEMENT FEE**

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▾

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **08 / 31 / 2001**

Amount of Each Disbursement this Period: **300**

Category/Type: **001**

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▾

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▾

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional) **300**

TOTAL This Period (last page this line number only) **300**

# 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 / OF /

<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"/> 29c

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NAME OF COMMITTEE (In Full)

U.S. IMMIGRATION REFORM PAC

Full Name (Last, First, Middle Initial)

**A.** BUNNER DELAY FOR CONGRESS

Mailing Address

1713 SOUTH D STREET

City State Zip Code

FORT SMITH ARKANSAS 72901

Purpose of Disbursement

CAMPAIGN CONTRIBUTION

Candidate Name

BUNNER DELAY

011  
Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State: AR District: 3

Date of Disbursement

SEP 09 2001

Amount of Each Disbursement this Period

2000

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

2000

TOTAL This Period (last page this line number only)

2000

