

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 C00405878 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), 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 01 14 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)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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 This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		11384.48
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	15350.07									
(c) Total Receipts (from Line 19)	6981.00	92876.81								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 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 Reporting Period (subtract Line 7 from Line 6(d))	950.66	950.66								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on 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**

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 Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1900.00	28095.00
(i) Itemized (use Schedule A)	5081.00	63992.97
(ii) Unitemized	6981.00	92087.97
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total 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

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	6981.00	92087.97
34. Total Contribution Refunds (from Line 28(d))	0.00	1200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6981.00	90887.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15121.96	95852.18
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	788.84
38. Net Operating Expenditures (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 6 / 38
(check only one)

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

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 State Zip Code
Dunkirk NY 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 Bell

Mailing Address 669 Rockledge Ct

City State Zip Code
Frisco TX 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 State Zip Code
Van Nuys CA 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 7 / 38
(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

<p>A. Full Name (Last, First, Middle Initial) K S Cromer</p> <p>Mailing Address 4342 Provinceline Rd</p> <p>City State Zip Code Princeton NJ 08540</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Self-Employed Best Effort</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2008</p> <p>Transaction ID: SA11AI.9873</p> <p>Amount of Each Receipt this Period 100.00</p> <p>C</p>
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<p>B. Full Name (Last, First, Middle Initial) K S Cromer</p> <p>Mailing Address 4342 Provinceline Rd</p> <p>City State Zip Code Princeton NJ 08540</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Self-Employed Best Effort</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2008</p> <p>Transaction ID: SA11AI.9899</p> <p>Amount of Each Receipt this Period 100.00</p> <p>C</p>
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<p>C. Full Name (Last, First, Middle Initial) K S Cromer</p> <p>Mailing Address 4342 Provinceline Rd</p> <p>City State Zip Code Princeton NJ 08540</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Self-Employed Best Effort</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1600.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2008</p> <p>Transaction ID: SA11AI.9917</p> <p>Amount of Each Receipt this Period 100.00</p> <p>C</p>
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SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 8 / 38

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Kenneth Davis

Mailing Address PO Box 999

City State Zip Code
Fort Worth TX 76101

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

Name of Employer Occupation
Great Western Drilling 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 State Zip Code
Lake Worth FL 33467-5903

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

Name of Employer Occupation
Retired

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 State Zip Code
Lake Worth FL 33467-5903

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

Name of Employer 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
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 9 / 38
(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 State Zip Code
Silver Springs MD 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 MM / DD / YYYY
10 / 21 / 2008

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 State Zip Code
Santa Ana CA 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 MM / DD / YYYY
10 / 20 / 2008

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 State Zip Code
Lake Havasu City AZ 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 MM / DD / YYYY
10 / 24 / 2008

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 38
(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 Reamer

Mailing Address 1902 Ardenwood Ter

City State Zip Code
Crofton MD 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
MM / DD / YYYY
10 / 30 / 2008

Transaction ID: SA11AI.9862

Amount of Each Receipt this Period
30.00

Ck

B.

Full Name (Last, First, Middle Initial)
Richard Reamer

Mailing Address 1902 Ardenwood Ter

City State Zip Code
Crofton MD 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
MM / DD / YYYY
10 / 30 / 2008

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)

<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	Transaction ID: SB21B.9722 Date of Disbursement
	Mailing Address PO Box 36001	<input type="text" value="10"/> <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Ft. Lauderdale State FL Zip Code 33336	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="75.58"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.9791 Date of Disbursement
	Mailing Address PO Box 36001	<input type="text" value="11"/> <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Ft. Lauderdale State FL Zip Code 33336	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing	<input type="text" value="7.80"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB21B.9719 Date of Disbursement
	Mailing Address PO Box 1857	<input type="text" value="10"/> <input type="text" value="07"/> / <input type="text" value="2008"/>
	City Alpharetta State GA Zip Code 30023	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone	<input type="text" value="388.02"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="471.40"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Authorize Net Corporation</p> <p>Mailing Address 915 S. 500 E. Ste. 200</p> <p>City American Fork State VT Zip Code 84003</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.9723</p> <p>Date of Disbursement 10 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 45.60</p>
<p>B. Full Name (Last, First, Middle Initial) Authorize Net Corporation</p> <p>Mailing Address 915 S. 500 E. Ste. 200</p> <p>City American Fork State VT Zip Code 84003</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.9793</p> <p>Date of Disbursement 11 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 44.20</p>
<p>C. Full Name (Last, First, Middle Initial) Branch Banking and Trust</p> <p>Mailing Address 4409 Creedmore Rd.</p> <p>City Raleigh State NC Zip Code 27612</p> <p>Purpose of Disbursement Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.9788</p> <p>Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 5.00</p>

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)

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

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

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

A.	Full Name (Last, First, Middle Initial) Branch Banking and Trust	Transaction ID: SB21B.9811 Date of Disbursement																			
	Mailing Address 4409 Creedmore Rd.	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	2	1	/	2	0	0	8												
	City Raleigh State NC Zip Code 27612	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Service Charge	<table border="1"><tr><td>408.00</td></tr></table>	408.00																		
408.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Constant Contact	Transaction ID: SB21B.9726 Date of Disbursement																			
	Mailing Address 1601 Trapelo Road, Suite 329 866-289-2101	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	2	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	0	2	/	2	0	0	8												
	City Waltham State MA Zip Code 02451	Amount of Each Disbursement this Period																			
	Purpose of Disbursement E-mail Service	<table border="1"><tr><td>150.00</td></tr></table>	150.00																		
150.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Constant Contact	Transaction ID: SB21B.9790 Date of Disbursement																			
	Mailing Address 1601 Trapelo Road, Suite 329 866-289-2101	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	3	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	3	/	2	0	0	8												
	City Waltham State MA Zip Code 02451	Amount of Each Disbursement this Period																			
	Purpose of Disbursement E-mail service	<table border="1"><tr><td>150.00</td></tr></table>	150.00																		
150.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>708.00</td></tr></table>	708.00
708.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Cornerstone American	Transaction ID: SB21B.9725 Date of Disbursement
	Mailing Address 12600 Deerfield Pkwy. Ste 375	<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Alphareta State GA Zip Code 30004	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="123.40"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cornerstone American	Transaction ID: SB21B.9792 Date of Disbursement
	Mailing Address 12600 Deerfield Pkwy. Ste 375	<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Alphareta State GA Zip Code 30004	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee	<input type="text" value="65.09"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Corporate Payroll Service	Transaction ID: SB21B.9714 Date of Disbursement
	Mailing Address 1803 Res Blvd Ste 503	<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City Rockville State MD Zip Code 20850	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Fee	<input type="text" value="56.86"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="245.35"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Corporate Payroll Service	Transaction ID: SB21B.9715 Date of Disbursement
	Mailing Address 1803 Res Blvd Ste 503	<input type="text" value="10"/> <input type="text" value="08"/> / <input type="text" value="2008"/>
	City Rockville State MD Zip Code 20850	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Tax	<input type="text" value="1337.12"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Corporate Payroll Service	Transaction ID: SB21B.9710 Date of Disbursement
	Mailing Address 1803 Res Blvd Ste 503	<input type="text" value="10"/> <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Rockville State MD Zip Code 20850	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="1242.52"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Corporate Payroll Service	Transaction ID: SB21B.9796 Date of Disbursement
	Mailing Address 1803 Res Blvd Ste 503	<input type="text" value="11"/> <input type="text" value="10"/> / <input type="text" value="2008"/>
	City Rockville State MD Zip Code 20850	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Tax	<input type="text" value="94.60"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2674.24"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Corporate Payroll Service	Transaction ID: SB21B.9799 Date of Disbursement
	Mailing Address 1803 Res Blvd Ste 503	<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City Rockville State MD Zip Code 20850	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Fee	<input type="text" value="55.24"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Corporate Payroll Service	Transaction ID: SB21B.9812 Date of Disbursement
	Mailing Address 1803 Res Blvd Ste 503	<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Rockville State MD Zip Code 20850	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Tax	<input type="text" value="509.23"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Corporate Payroll Service	Transaction ID: SB21B.9813 Date of Disbursement
	Mailing Address 1803 Res Blvd Ste 503	<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Rockville State MD Zip Code 20850	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Services	<input type="text" value="57.12"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="621.59"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Discover Network	Transaction ID: SB21B.9724 Date of Disbursement
	Mailing Address PO Box 3022	<input type="text" value="10"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City New Albany State OH Zip Code 43052	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="60.60"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Dotster Inc.	Transaction ID: SB21B.9804 Date of Disbursement
	Mailing Address PO Box 821066	<input type="text" value="11"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Vancouver State WA Zip Code 98682	Amount of Each Disbursement this Period
	Purpose of Disbursement Domain Registration	<input type="text" value="15.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Embarq	Transaction ID: SB21B.9704 Date of Disbursement
	Mailing Address PO Box 96064	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Charlotte State NC Zip Code 28296	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Svc	<input type="text" value="49.74"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="126.29"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Embarq	Transaction ID: SB21B.9803 Date of Disbursement 11 / 17 / 2008
	Mailing Address PO Box 96064	Amount of Each Disbursement this Period 47.84
	City Charlotte State NC Zip Code 28296	
	Purpose of Disbursement Internet Service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Google Adwords	Transaction ID: SB21B.9706 Date of Disbursement 10 / 15 / 2008
	Mailing Address 1600 Amphitheater Pkwy.	Amount of Each Disbursement this Period 54.32
	City Mt. View State CA Zip Code 94043	
	Purpose of Disbursement Advertisement for website Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Google Adwords	Transaction ID: SB21B.9802 Date of Disbursement 11 / 14 / 2008
	Mailing Address 1600 Amphitheater Pkwy.	Amount of Each Disbursement this Period 301.51
	City Mt. View State CA Zip Code 94043	
	Purpose of Disbursement Advertisement Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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 19 / 38

<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	Transaction ID: SB21B.9712 Date of Disbursement 10 / 10 / 2008
	Mailing Address PO Box 1992	Amount of Each Disbursement this Period 500.00
	City Old Fort State NC Zip Code 28762	
	Purpose of Disbursement Consulting Fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Palmer Web Consulting	Transaction ID: SB21B.9795 Date of Disbursement 11 / 07 / 2008
	Mailing Address PO Box 1992	Amount of Each Disbursement this Period 500.00
	City Old Fort State NC Zip Code 28762	
	Purpose of Disbursement Consulting Fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ms Jane Patterson	Transaction ID: SB21B.9737 Date of Disbursement 10 / 22 / 2008
	Mailing Address PO Box 30966	Amount of Each Disbursement this Period 155.75
	City Raleigh State NC Zip Code 27622-0966	
	Purpose of Disbursement Reimbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

<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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	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 21 / 38

<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>A. Full Name (Last, First, Middle Initial) Ms Jane Patterson</p> <p>Mailing Address PO Box 30966</p> <p>City Raleigh State NC Zip Code 27622-0966</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.9809</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="461.75"/></p>
<p>B. Full Name (Last, First, Middle Initial) PayPal</p> <p>Mailing Address 2145 Hamilton Avenue</p> <p>City San Jose State CA Zip Code 95125</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.10037</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="48.39"/></p>
<p>C. Full Name (Last, First, Middle Initial) Rackspace Managed Hosting</p> <p>Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000</p> <p>City San Antonio State TX Zip Code 78229</p> <p>Purpose of Disbursement Internet Server</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.9709</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="450.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="960.14"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Rackspace Managed Hosting	Transaction ID: SB21B.9798 Date of Disbursement
	Mailing Address 9725 Datapoint Drive, Suite 100 210-447-4000	<input type="text" value="11"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City San Antonio State TX Zip Code 78229	Amount of Each Disbursement this Period
	Purpose of Disbursement Internet Service	<input type="text" value="520.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Time Warner Cable	Transaction ID: SB21B.9707 Date of Disbursement
	Mailing Address 2505 Atlantic Ave. Ste. 101	<input type="text" value="10"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Raleigh State NC Zip Code 27604	Amount of Each Disbursement this Period
	Purpose of Disbursement Broadband Cable	<input type="text" value="142.96"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Time Warner Cable	Transaction ID: SB21B.9801 Date of Disbursement
	Mailing Address 2505 Atlantic Ave. Ste. 101	<input type="text" value="11"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Raleigh State NC Zip Code 27604	Amount of Each Disbursement this Period
	Purpose of Disbursement Broadband Cable Svc.	<input type="text" value="142.96"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="805.92"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) US Postal Service</p> <p>Mailing Address 4325 Glenwood Ave.</p> <p>City Raleigh State NC Zip Code 27612</p> <p>Purpose of Disbursement Postage Package</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.9721</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="59.59"/></p>
<p>B. Full Name (Last, First, Middle Initial) Vonage</p> <p>Mailing Address 23 Main St</p> <p>City Holmdel State NJ Zip Code 07733</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.9718</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="43.51"/></p>
<p>C. Full Name (Last, First, Middle Initial) Vonage</p> <p>Mailing Address 23 Main St</p> <p>City Holmdel State NJ Zip Code 07733</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.9794</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="41.34"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="144.44"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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 / 38

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

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

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

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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 25 / 38

<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)
BRIAN BILBRAY FOR CONGRESS

Transaction ID: SB23.9837

Date of Disbursement

Mailing Address 2466 Unicornio Street

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

City Carlsbad State CA Zip Code 92009

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Campaign Contribution

Category/ Type

Candidate Name
BRIAN P BILBRAY

Office Sought: House
 Senate
 President
State: CA District: 50

Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
ELIZABETH DOLE COMMITTEE INC

Transaction ID: SB23.9818

Date of Disbursement

Mailing Address PO BOX 2918

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

City RALEIGH State NC Zip Code 27602

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Contribution to Candidate

Category/ Type

Candidate Name
ELIZABETH DOLE

Office Sought: House
 Senate
 President
State: NC District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
FRIENDS OF BOB CONLEY

Transaction ID: SB23.9823

Date of Disbursement

Mailing Address PO BOX 12727

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

City COLUMBIA State SC Zip Code 29211

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Campaign Contribution

Category/ Type

Candidate Name
ROBERT M CONLEY

Office Sought: House
 Senate
 President
State: SC District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

750.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)

<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) ROSKAM FOR CONGRESS COMMITTEE	Transaction ID: SB23.9849
	Mailing Address P. O. Box 713	Date of Disbursement 11 / 03 / 2008
	City Wheaton State IL Zip Code 60187	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Campaign Contribution	Category/ Type
	Candidate Name PETER ROSKAM	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 06	

B.	Full Name (Last, First, Middle Initial) SALI FOR CONGRESS	Transaction ID: SB23.9840
	Mailing Address PO Box 71	Date of Disbursement 10 / 27 / 2008
	City Kuna State ID Zip Code 83634	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Campaign Contribution	Category/ Type
	Candidate Name WILLIAM T SALI	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: ID District: 01	

C.	Full Name (Last, First, Middle Initial) TOM FEENEY FOR CONGRESS	Transaction ID: SB23.9852
	Mailing Address P. O. Box 622345	Date of Disbursement 11 / 03 / 2008
	City Oviedo State FL Zip Code 32762	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Campaign Contribution	Category/ Type
	Candidate Name TOM FEENEY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 24	

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 / 38

<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

Transaction ID: SB23.10031

Date of Disbursement

Mailing Address PO BOX 630

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

City JOHNSTOWN State PA Zip Code 15907

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Campaign Contribution

--

Category/
Type

Candidate Name
WILLIAM RUSSELL

Office Sought: House
 Senate
 President
State: PA District: 12

Disbursement For: 2008
 Primary General
 Other (specify) ▼

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

NAME OF COMMITTEE (In Full) Americans for Legal Immigration PAC	FEC IDENTIFICATION NUMBER C C00405878
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
BFBV

Mailing Address
2850 Perry Ave

City State Zip Code
Chicago IL 60628

Purpose of Expenditure Category/Type
Commercial 004

Name of Federal Candidate supported or Opposed by expenditure:
LINDSEY OLIN GRAHAM

Calendar Year-To-Date Per Election for Office Sought 2090.65

Date
MM / DD / YYYY
10 / 30 / 2008

Amount
170.00

Transaction ID: SE.9762

Office Sought: House State: SC
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
Clear Channel

Mailing Address
13 Summerlin Rd.

City State Zip Code
Asheville NC 28806

Purpose of Expenditure Category/Type
Radio Commercial 004

Name of Federal Candidate supported or Opposed by expenditure:
ELIZABETH DOLE

Calendar Year-To-Date Per Election for Office Sought 300.00

Date
MM / DD / YYYY
10 / 23 / 2008

Amount
300.00

Transaction ID: SE.9775

Office Sought: House State: NC
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) SUBTOTAL of Itemized Independent Expenditures	470.00
(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
Signature

Date
MM / DD / YYYY
01 / 14 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Americans for Legal Immigration PAC	FEC IDENTIFICATION NUMBER ▼ C C00405878
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Curtis Media Group

Mailing Address
3012 Highwoods Blvd # 200

City	State	Zip Code
Raleigh	NC	27604

Purpose of Expenditure Radio Ad	Category/ Type
	004

Name of Federal Candidate supported or Opposed by expenditure:
ELIZABETH DOLE

Calendar Year-To-Date Per Election for Office Sought	1667.80
---	---------

Date

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

Amount

1050.00

Transaction ID: SE.9783

Office Sought: House State: NC
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

Full Name (Last, First, Middle, Initial) of Payee
IBX Media

Mailing Address
408 West Arlington Blvd
Ste 101-B

City	State	Zip Code
Greenville	NC	27834

Purpose of Expenditure Radio Ad	Category/ Type
	004

Name of Federal Candidate supported or Opposed by expenditure:
ELIZABETH DOLE

Calendar Year-To-Date Per Election for Office Sought	480.00
---	--------

Date

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

Amount

180.00

Transaction ID: SE.9756

Office Sought: House State: NC
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

(a) SUBTOTAL of Itemized Independent Expenditures	1230.00
--	---------

(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
Signature

Date

M M	/	D D	/	Y Y Y Y
0 1		1 4		2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Americans for Legal Immigration PAC	FEC IDENTIFICATION NUMBER C C00405878
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Mass Media Distribution

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

Mailing Address
12693 Tamiami Trl. E. # 222

Amount
199.00

City State Zip Code
Naples FL 34113

Transaction ID: SE.9743

Purpose of Expenditure Category/Type
Press Release 004

Office Sought: House State: SC
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
LINDSEY OLIN GRAHAM

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
199.00

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
Mass Media Distribution

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

Mailing Address
12693 Tamiami Trl. E. # 222

Amount
199.00

City State Zip Code
Naples FL 34113

Transaction ID: SE.9745

Purpose of Expenditure Category/Type
Press Release 004

Office Sought: House State: SC
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
LINDSEY OLIN GRAHAM

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
398.00

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) SUBTOTAL of Itemized Independent Expenditures	398.00
(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
Signature

Date M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Americans for Legal Immigration PAC	FEC IDENTIFICATION NUMBER C C00405878
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Mass Media Distribution

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

Mailing Address
12693 Tamiami Trl. E. # 222

Amount
199.00

City State Zip Code
Naples FL 34113

Transaction ID: SE.9748

Purpose of Expenditure Category/Type
Press Release 004

Office Sought: House State: SC
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
LINDSEY OLIN GRAHAM

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
611.65

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
Morehead City

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

Mailing Address
PO Box 70

Amount
90.00

City State Zip Code
New Port NC 28570

Transaction ID: SE.9754

Purpose of Expenditure Category/Type
Radio Ad 004

Office Sought: House State: SC
 Senate District: _____
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
ELIZABETH DOLE

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1920.65

Disbursement For: Primary General
 Other (specify) : _____
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
Signature

Date M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

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

NAME OF COMMITTEE (In Full) Americans for Legal Immigration PAC	FEC IDENTIFICATION NUMBER C C00405878
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Sea-Comm Media

Mailing Address
122 Cinema Drive

City Wilmington	State NC	Zip Code 28403
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Purpose of Expenditure Radio Ad	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:
ELIZABETH DOLE

Calendar Year-To-Date Per Election for Office Sought	580.00
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Date

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

Amount
100.00

Transaction ID: SE.9758

Office Sought: House State: NC
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

Full Name (Last, First, Middle, Initial) of Payee
Time Warner Cable

Mailing Address
2505 Atlantic Ave. Ste. 101

City Raleigh	State NC	Zip Code 27604
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Purpose of Expenditure Commercial South Carolina	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:
LINDSEY OLIN GRAHAM

Calendar Year-To-Date Per Election for Office Sought	1330.65
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Date

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

Amount
719.00

Transaction ID: SE.9751

Office Sought: House State: SC
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2008

(a) SUBTOTAL of Itemized Independent Expenditures	819.00
(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
 Signature _____

Date 0 1 / 1 4 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Americans for Legal Immigration PAC	FEC IDENTIFICATION NUMBER C C00405878
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Urban Radio

Mailing Address
1900 Pineview Rd

City Columbia	State SC	Zip Code 29229
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Purpose of Expenditure Radio Ad	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:
LINDSEY OLIN GRAHAM

Calendar Year-To-Date Per Election for Office Sought	1830.65
---	---------

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

Amount
500.00

Transaction ID: SE.9752

Office Sought: House State: SC
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
US Postal Service

Mailing Address
4325 Glenwood Ave.

City Raleigh	State NC	Zip Code 27612
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Purpose of Expenditure Postage	Category/ Type 004
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Name of Federal Candidate supported or Opposed by expenditure:
LINDSEY OLIN GRAHAM

Calendar Year-To-Date Per Election for Office Sought	412.65
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Date
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Amount
14.65

Transaction ID: SE.9779

Office Sought: House State: SC
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) SUBTOTAL of Itemized Independent Expenditures	514.65
(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
Signature

Date M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 0 9

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Americans for Legal Immigration PAC		FEC IDENTIFICATION NUMBER C C00405878	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee US Postal Service		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8	
Mailing Address 4325 Glenwood Ave.		Amount 37.80	
City Raleigh State NC Zip Code 27612		Transaction ID: SE.9780	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: NC <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ELIZABETH DOLE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought		617.80	

(a) SUBTOTAL of Itemized Independent Expenditures	37.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	3758.45
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 Signature	Date M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 9

Image# 29990058978

Form/Schedule: **F3XA**

Transaction ID:

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

Form/Schedule: **SB21B**

Transaction ID: **SB21B.10037**

Math correction of 31 cents.

Image# 29990058979

Form/Schedule: **SE**

Transaction ID: **SE.9783**

WPTF, WCTK, WSJS

Form/Schedule: **SE**

Transaction ID: **SE.9754**

WTKF

Image# 29990058980

Form/Schedule:SE

WZMJ, WOIC, MFX

Transaction ID: SE.9752
