

# 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 AGAINST ILLEGAL IMMIGRATION PAC

ADDRESS (number and street) 2029 VERDUGO BLVD #1020  
 Check if different than previously reported. (ACC)  
MONTROSE CA 91020

2. **FEC IDENTIFICATION NUMBER** C00412718  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 04 01 2006 through 06 30 2006

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 SCOTT B MACKENZIE

Signature of Treasurer Electronically Filed by SCOTT B MACKENZIE Date 05 28 2008

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		12057.23
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	26051.18									
(c) Total Receipts (from Line 19) .....	285574.37	397301.08								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	311625.55	409358.31								
7. Total Disbursements (from Line 31) .....	263679.56	361412.32								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	47945.99	47945.99								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	191832.68									

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 AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	18016.00	24574.00
(i) Itemized (use Schedule A) .....	267558.37	372727.08
(ii) Unitemized .....	285574.37	397301.08
(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) .....	285574.37	397301.08
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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)) .....	285574.37	397301.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	285574.37	397301.08

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	263679.56	359312.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	263679.56	359312.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
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	2100.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) 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))..	263679.56	361412.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	263679.56	361412.32

**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) .....	285574.37	397301.08
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	285574.37	397301.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	263679.56	359312.32
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	263679.56	359312.32

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 89  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.** Full Name (Last, First, Middle Initial)  
MR ROBERT W ALBACH

Mailing Address 2200 LAKE SURREY DR

City RICHMOND State VA Zip Code 23235

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt: 06 / 13 / 2006  
**Transaction ID: SA11AI.32386**  
 Amount of Each Receipt this Period: 141.00

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

Mailing Address P O BOX 351

City NOCONA State TX Zip Code 76255

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

Name of Employer SELF EMPLOYED Occupation INDEPENDENT OIL PRODUCER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 15 / 2006  
**Transaction ID: SA11AI.26090**  
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 256 WEYBRIDGE ST

City MIDDLEBURY State VT Zip Code 05753

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt: 06 / 19 / 2006  
**Transaction ID: SA11AI.35790**  
 Amount of Each Receipt this Period: 101.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 492.00

**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 / 89

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICANS AGAINST ILLEGAL IMMIGRATION PAC**

**A.**

Full Name (Last, First, Middle Initial)  
MR DONALD BALLOU

Mailing Address 256 WEYBRIDGE ST

City State Zip Code  
**MIDDLEBURY VT 05753**

FEC ID number of contributing federal political committee. C

Name of Employer NONE Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 311.00

Date of Receipt 06 / 30 / 2006

**Transaction ID: SA11AI.40263**

Amount of Each Receipt this Period 35.00

**B.**

Full Name (Last, First, Middle Initial)  
MR GEORGE L BENESCH

Mailing Address P O BOX 101558

City State Zip Code  
**ANCHORAGE AK 99510**

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 601.00

Date of Receipt 06 / 23 / 2006

**Transaction ID: SA11AI.38753**

Amount of Each Receipt this Period 401.00

**C.**

Full Name (Last, First, Middle Initial)  
MR GEORGE L BENESCH

Mailing Address P O BOX 101558

City State Zip Code  
**ANCHORAGE AK 99510**

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 851.00

Date of Receipt 06 / 30 / 2006

**Transaction ID: SA11AI.40293**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 686.00

**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 / 89  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR WILFERD BERKS

Mailing Address 962 S W 900TH RD

City State Zip Code  
MONTROSE MO 64770

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
N/A RETIRED

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 14 / 2006

Transaction ID: SA11AI.33883

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR J CLAUDE BRANNAN

Mailing Address R R 1 BOX 238

City State Zip Code  
MARIETTA OK 73448

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
SELF RANCHER

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 04 / 2006

Transaction ID: SA11AI.25046

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR J CLAUDE BRANNAN

Mailing Address R R 1 BOX 238

City State Zip Code  
MARIETTA OK 73448

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
SELF RANCHER

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 04 / 2006

Transaction ID: SA11AI.25047

Amount of Each Receipt this Period  
50.00

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

200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR J CLAUDE BRANNAN	Date of Receipt MM / DD / YYYY 05 / 11 / 2006
	Mailing Address R R 1 BOX 238	<b>Transaction ID:</b> SA11AI.25571
	City MARIETTA State OK Zip Code 73448	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer SELF Occupation RANCHER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR J CLAUDE BRANNAN	Date of Receipt MM / DD / YYYY 05 / 17 / 2006
	Mailing Address R R 1 BOX 238	<b>Transaction ID:</b> SA11AI.26457
	City MARIETTA State OK Zip Code 73448	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer SELF Occupation RANCHER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR J CLAUDE BRANNAN	Date of Receipt MM / DD / YYYY 05 / 30 / 2006
	Mailing Address R R 1 BOX 238	<b>Transaction ID:</b> SA11AI.29950
	City MARIETTA State OK Zip Code 73448	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer SELF Occupation RANCHER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>230.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 89  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR JOHN L BROUILLARD

Mailing Address 374 STILSON CANYON RD

City State Zip Code  
CHICO CA 95928

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 6

Transaction ID: SA11AI.19791

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR JOHN L BROUILLARD

Mailing Address 374 STILSON CANYON RD

City State Zip Code  
CHICO CA 95928

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11AI.22431

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR JOHN L BROUILLARD

Mailing Address 374 STILSON CANYON RD

City State Zip Code  
CHICO CA 95928

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 6

Transaction ID: SA11AI.39412

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS ANNIS BUELL		Date of Receipt
	Mailing Address 4617 CROOKED LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 3 0 / 2 0 0 6
	City	State	Zip Code
	DALLAS	TX	75229
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.29931
Name of Employer N/A		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	100.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MR DOMINIC BUONI		Date of Receipt
	Mailing Address 1431 STOCKTON ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 1 9 / 2 0 0 6
	City	State	Zip Code
	SAN FRANCISCO	CA	94133
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.35808
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 201.00	201.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MR ROBERT C BURTON, SR		Date of Receipt
	Mailing Address 2607 WOODALE LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 2 2 / 2 0 0 6
	City	State	Zip Code
	SAINT PETERS	MO	63376
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.38430
Name of Employer SELF EMPLOYED		Occupation INVESTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 235.00	75.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>376.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 89  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR CRAIG CAMPBELL

Mailing Address 3355 MISSION AVE #111

City OCEANSIDE State CA Zip Code 92054

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

Name of Employer KALUA ROCKS LLC Occupation PARTNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 06 / 13 / 2006  
**Transaction ID:** SA11AI.32228  
 Amount of Each Receipt this Period: 125.00

**B.**

Full Name (Last, First, Middle Initial)  
MR CRAIG CAMPBELL

Mailing Address 3355 MISSION AVE #111

City OCEANSIDE State CA Zip Code 92054

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

Name of Employer KALUA ROCKS LLC Occupation PARTNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 06 / 20 / 2006  
**Transaction ID:** SA11AI.37618  
 Amount of Each Receipt this Period: 50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR MOIRA CASTLE

Mailing Address 13462 MASON VILLAGE CT

City SAINT LOUIS State MO Zip Code 63131

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 251.00

Date of Receipt: 06 / 19 / 2006  
**Transaction ID:** SA11AI.35801  
 Amount of Each Receipt this Period: 51.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 226.00

**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 13 / 89  
(check only one)

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

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 AGAINST ILLEGAL IMMIGRATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR MOIRA CASTLE

Mailing Address 13462 MASON VILLAGE CT

City SAINT LOUIS State MO Zip Code 63131

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

Date of Receipt: 06 / 19 / 2006  
**Transaction ID:** SA11AI.35802  
 Amount of Each Receipt this Period: 35.00

**B.**

Full Name (Last, First, Middle Initial)  
MR WILLIAM CHILTON, JR

Mailing Address 3437 W 7TH ST #138

City FORT WORTH State TX Zip Code 76107

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt: 04 / 07 / 2006  
**Transaction ID:** SA11AI.21140  
 Amount of Each Receipt this Period: 50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR WILLIAM CHILTON, JR

Mailing Address 3437 W 7TH ST #138

City FORT WORTH State TX Zip Code 76107

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 348.00

Date of Receipt: 05 / 26 / 2006  
**Transaction ID:** SA11AI.29667  
 Amount of Each Receipt this Period: 113.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 198.00

**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 14 / 89

(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR WILLIAM CHILTON, JR

Mailing Address 3437 W 7TH ST #138

City State Zip Code  
FORT WORTH TX 76107

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

Name of Employer Occupation  
N/A RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 499.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 0 6

Transaction ID: SA11AI.33856

Amount of Each Receipt this Period

151.00

**B.**

Full Name (Last, First, Middle Initial)  
MR WILLIAM CHILTON, JR

Mailing Address 3437 W 7TH ST #138

City State Zip Code  
FORT WORTH TX 76107

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

Name of Employer Occupation  
N/A RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 534.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 6

Transaction ID: SA11AI.37624

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)  
MR GEORGE C CLARK, JR

Mailing Address 22 GLADDING RD

City State Zip Code  
CALDWELL NJ 07006

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

Name of Employer Occupation  
N/A RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 251.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 6

Transaction ID: SA11AI.36098

Amount of Each Receipt this Period

76.00

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

262.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 89

(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR FRED T CLIFTON

Mailing Address 23100 VIA ESPLENDOR UNIT 45

City State Zip Code  
CUPERTINO CA 95014

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

Name of Employer Occupation  
N/A RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 6

Transaction ID: SA11AI.36295

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS ILA M CRAWFORD

Mailing Address 3554 GRANDVIEW DR

City State Zip Code  
SAN ANGELO TX 76904

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 244.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: SA11AI.34094

Amount of Each Receipt this Period  
71.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS ILA M CRAWFORD

Mailing Address 3554 GRANDVIEW DR

City State Zip Code  
SAN ANGELO TX 76904

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 254.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 0 6

Transaction ID: SA11AI.34937

Amount of Each Receipt this Period  
10.00

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

281.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 89  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS DOROTHY ANN CROZIER

Mailing Address 3405 STEWART CIR

City State Zip Code  
WACO TX 76708

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2006

**Transaction ID:** SA11AI.28953

Amount of Each Receipt this Period  
60.00

**B.** Full Name (Last, First, Middle Initial)  
MRS DOROTHY ANN CROZIER

Mailing Address 3405 STEWART CIR

City State Zip Code  
WACO TX 76708

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 322.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2006

**Transaction ID:** SA11AI.36021

Amount of Each Receipt this Period  
102.00

**C.** Full Name (Last, First, Middle Initial)  
MRS DOROTHY ANN CROZIER

Mailing Address 3405 STEWART CIR

City State Zip Code  
WACO TX 76708

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 372.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2006

**Transaction ID:** SA11AI.38447

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **212.00**

**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 17 / 89  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR J ROBERT DAILEY

Mailing Address 13 STONE HILL DR N

City NORTH HILLS State NY Zip Code 11030

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 20 / 2006  
**Transaction ID: SA11AI.28513**  
 Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS MARJORIE DAVIS

Mailing Address 6 HUCKLEBERRY LN

City AUGUSTA State ME Zip Code 04330

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 05 / 25 / 2006  
**Transaction ID: SA11AI.28968**  
 Amount of Each Receipt this Period: 150.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS MARJORIE DAVIS

Mailing Address 6 HUCKLEBERRY LN

City AUGUSTA State ME Zip Code 04330

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 06 / 15 / 2006  
**Transaction ID: SA11AI.34282**  
 Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS MARJORIE DAVIS	Date of Receipt MM / DD / YYYY 06 / 30 / 2006
	Mailing Address 6 HUCKLEBERRY LN	<b>Transaction ID:</b> SA11AI.40287
	City State Zip Code AUGUSTA ME 04330	Amount of Each Receipt this Period 201.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: NONE Occupation: HOMEMAKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 651.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS RUTH DEFRESNE	Date of Receipt MM / DD / YYYY 06 / 22 / 2006
	Mailing Address 5241 UTICA ST	<b>Transaction ID:</b> SA11AI.38432
	City State Zip Code METAIRIE LA 70006	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 201.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS RUTH DEFRESNE	Date of Receipt MM / DD / YYYY 06 / 22 / 2006
	Mailing Address 5241 UTICA ST	<b>Transaction ID:</b> SA11AI.38506
	City State Zip Code METAIRIE LA 70006	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 226.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	251.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 19 / 89</span> (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 AGAINST ILLEGAL IMMIGRATION PAC**

<p><b>A.</b> Full Name (Last, First, Middle Initial) MR GREGORY DETWILER</p> <p>Mailing Address RR 2 BOX 70</p> <p>City State Zip Code <b>WILLIAMSBURG PA 16693</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation SELF EMPLOYED FREELANCE WRITER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>276.00</b></p>	<p>Date of Receipt MM / DD / YYYY <b>06 / 15 / 2006</b></p> <p><b>Transaction ID: SA11AI.34260</b></p> <p>Amount of Each Receipt this Period <b>101.00</b></p>
---	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) MR GREGORY DETWILER</p> <p>Mailing Address RR 2 BOX 70</p> <p>City State Zip Code <b>WILLIAMSBURG PA 16693</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation SELF EMPLOYED FREELANCE WRITER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>301.00</b></p>	<p>Date of Receipt MM / DD / YYYY <b>06 / 26 / 2006</b></p> <p><b>Transaction ID: SA11AI.39064</b></p> <p>Amount of Each Receipt this Period <b>25.00</b></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) MR LESTER DOREMIRE</p> <p>Mailing Address R R 1 BOX 138</p> <p>City State Zip Code <b>CHALMERS IN 47929</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation N/A RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>230.00</b></p>	<p>Date of Receipt MM / DD / YYYY <b>06 / 08 / 2006</b></p> <p><b>Transaction ID: SA11AI.31553</b></p> <p>Amount of Each Receipt this Period <b>35.00</b></p>
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<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p><b>161.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 89  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR LESTER DOREMIRE

Mailing Address R R 1 BOX 138

City CHALMERS State IN Zip Code 47929

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 06 / 15 / 2006  
**Transaction ID: SA11AI.34079**  
 Amount of Each Receipt this Period: 100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR LESTER DOREMIRE

Mailing Address R R 1 BOX 138

City CHALMERS State IN Zip Code 47929

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 06 / 15 / 2006  
**Transaction ID: SA11AI.34080**  
 Amount of Each Receipt this Period: 35.00

**C.**

Full Name (Last, First, Middle Initial)  
MR LESTER DOREMIRE

Mailing Address R R 1 BOX 138

City CHALMERS State IN Zip Code 47929

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 06 / 15 / 2006  
**Transaction ID: SA11AI.34081**  
 Amount of Each Receipt this Period: 35.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 89		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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 AGAINST ILLEGAL IMMIGRATION PAC

**A.**

Full Name (Last, First, Middle Initial) IOLA EBENDORF		Date of Receipt
Mailing Address 120 S CLIFTON ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code BRUSH CO 80723		<input type="text"/> 0 6 / <input type="text"/> 1 3 / <input type="text"/> 2 0 0 6
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		<b>Transaction ID:</b> SA11AI.32282
Name of Employer NONE Occupation RETIRED		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 71.00
Aggregate Year-to-Date ▼ <input type="text"/> 246.00		

**B.**

Full Name (Last, First, Middle Initial) MR ROBERT J EICHENBERG		Date of Receipt
Mailing Address 1 COLLINS ISLAND		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code NEWPORT BEACH CA 92662		<input type="text"/> 0 5 / <input type="text"/> 1 7 / <input type="text"/> 2 0 0 6
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		<b>Transaction ID:</b> SA11AI.27031
Name of Employer ELISON INC Occupation CO-OWNER		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 1000.00
Aggregate Year-to-Date ▼ <input type="text"/> 1000.00		

**C.**

Full Name (Last, First, Middle Initial) MR WORTH L FARRINGTON		Date of Receipt
Mailing Address 6596 E QUAKER ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code ORCHARD PARK NY 14127		<input type="text"/> 0 6 / <input type="text"/> 1 9 / <input type="text"/> 2 0 0 6
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		<b>Transaction ID:</b> SA11AI.35928
Name of Employer NONE Occupation RETIRED		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 101.00
Aggregate Year-to-Date ▼ <input type="text"/> 251.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1172.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 89  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR JAMES FINCH

Mailing Address 50 SUNFISH DR

City State Zip Code  
DEFIANCE MO 63341

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 236.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 19 / 2006

Transaction ID: SA11AI.35945

Amount of Each Receipt this Period  
51.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS EDITH FLEMINGBERG

Mailing Address 805 LONDONDERRY RD

City State Zip Code  
SCHENECTADY NY 12309

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 16 / 2006

Transaction ID: SA11AI.34997

Amount of Each Receipt this Period  
35.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS EDITH FLEMINGBERG

Mailing Address 805 LONDONDERRY RD

City State Zip Code  
SCHENECTADY NY 12309

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 299.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 16 / 2006

Transaction ID: SA11AI.34998

Amount of Each Receipt this Period  
71.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 157.00

**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 23 / 89  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS EDITH FLEMINGBERG

Mailing Address 805 LONDONDERRY RD

City State Zip Code  
SCHENECTADY NY 12309

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt: MM / DD / YYYY  
06 / 16 / 2006

**Transaction ID:** SA11AI.35066

Amount of Each Receipt this Period: 71.00

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

Mailing Address 6217 MALCOLM DR

City State Zip Code  
DALLAS TX 75214

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

Name of Employer N/A Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: MM / DD / YYYY  
06 / 13 / 2006

**Transaction ID:** SA11AI.32304

Amount of Each Receipt this Period: 107.00

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

Mailing Address 9930 SCRIBNER AVE

City State Zip Code  
WHITTIER CA 90605

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 401.00

Date of Receipt: MM / DD / YYYY  
06 / 14 / 2006

**Transaction ID:** SA11AI.33891

Amount of Each Receipt this Period: 201.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **379.00**

**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 24 / 89  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.** Full Name (Last, First, Middle Initial)  
MS MARY GARCIA

Mailing Address 9930 SCRIBNER AVE

City State Zip Code  
WHITTIER CA 90605

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
421.00

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2006

Transaction ID: SA11AI.39052

Amount of Each Receipt this Period  
20.00

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

Mailing Address 181 PINE RIDGE RD

City State Zip Code  
WABAN MA 02468

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

Name of Employer Occupation  
N/A RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2006

Transaction ID: SA11AI.30349

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1227 LE GRAY AVE

City State Zip Code  
LOS ANGELES CA 90042

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

Name of Employer Occupation  
DISNEY-ABC INC TV ENGINEER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 05 / 2006

Transaction ID: SA11AI.20568

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **345.00**

**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 25 / 89  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.** Full Name (Last, First, Middle Initial)  
MR CAMERON GLIDEWELL

Mailing Address 1227 LE GRAY AVE

City State Zip Code  
LOS ANGELES CA 90042

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

Name of Employer Occupation  
DISNEY-ABC INC TV ENGINEER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 6

**Transaction ID:** SA11AI.22488

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1227 LE GRAY AVE

City State Zip Code  
LOS ANGELES CA 90042

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

Name of Employer Occupation  
DISNEY-ABC INC TV ENGINEER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 0 / 2 0 0 6

**Transaction ID:** SA11AI.29929

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1227 LE GRAY AVE

City State Zip Code  
LOS ANGELES CA 90042

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

Name of Employer Occupation  
DISNEY-ABC INC TV ENGINEER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 551.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 6

**Transaction ID:** SA11AI.35019

Amount of Each Receipt this Period  
201.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **301.00**

**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 26 / 89  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR CAMERON GLIDEWELL

Mailing Address 1227 LE GRAY AVE

City State Zip Code  
LOS ANGELES CA 90042

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

Name of Employer Occupation  
DISNEY-ABC INC TV ENGINEER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 601.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 6

Transaction ID: SA11AI.35885

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
MR RALPH GRAEFE

Mailing Address 3163 KENNEDY BLVD APT 203

City State Zip Code  
NORTH BERGEN NJ 07047

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: SA11AI.34479

Amount of Each Receipt this Period  
101.00

**C.**

Full Name (Last, First, Middle Initial)  
MR ROBERT GREEN

Mailing Address 3193 TIFFANY LN

City State Zip Code  
NAPA CA 94558

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 301.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 6

Transaction ID: SA11AI.36211

Amount of Each Receipt this Period  
201.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **352.00**

**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 27 / 89  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
MRS GERALDYN GRIFFITH

Mailing Address 10245 S W HIGHLAND DR

City State Zip Code  
PORTLAND OR 97224

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
213.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2006

**Transaction ID:** SA11AI.35200

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR FREDERICK W GUARDABASSI

Mailing Address 915 MIDDLE RIVER DR STE 721

City State Zip Code  
FORT LAUDERDALE FL 33304

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

Name of Employer Occupation  
N/A RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2006

**Transaction ID:** SA11AI.30201

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
MR PAUL R HAMILTON

Mailing Address 413 W CREEK ST

City State Zip Code  
FREDERICKSBURG TX 78624

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2006

**Transaction ID:** SA11AI.39146

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 89  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
PAUL HAMM

Mailing Address 104 CHARTER OAKS CIR

City State Zip Code  
CARY NC 27511

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11AI.22459

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
PAUL HAMM

Mailing Address 104 CHARTER OAKS CIR

City State Zip Code  
CARY NC 27511

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

Transaction ID: SA11AI.28767

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
PAUL HAMM

Mailing Address 104 CHARTER OAKS CIR

City State Zip Code  
CARY NC 27511

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 435.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 6

Transaction ID: SA11AI.32285

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 285.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 89  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
PAUL HAMM

Mailing Address 104 CHARTER OAKS CIR

City State Zip Code  
CARY NC 27511

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 736.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 6

Transaction ID: SA11AI.32286

Amount of Each Receipt this Period  
301.00

**B.**

Full Name (Last, First, Middle Initial)  
PAUL HAMM

Mailing Address 104 CHARTER OAKS CIR

City State Zip Code  
CARY NC 27511

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 771.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11AI.40270

Amount of Each Receipt this Period  
35.00

**C.**

Full Name (Last, First, Middle Initial)  
GARY HAMMOND

Mailing Address 5101 SAWGRASS COURT

City State Zip Code  
FORT COLLINS CO 80525

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 296.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 6

Transaction ID: SA11AI.32471

Amount of Each Receipt this Period  
197.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **533.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 89

(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR THOMAS H HANDY

Mailing Address 1109 ROBIN HOOD RD

City State Zip Code  
STARKVILLE MS 39759

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 0 6

Transaction ID: SA11AI.26443

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS VIOLET HANNA

Mailing Address 4123 MARY ELLEN AVE

City State Zip Code  
STUDIO CITY CA 91604

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

Name of Employer Occupation  
N/A RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11AI.31856

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS VIOLET HANNA

Mailing Address 4123 MARY ELLEN AVE

City State Zip Code  
STUDIO CITY CA 91604

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

Name of Employer Occupation  
N/A RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 6

Transaction ID: SA11AI.39019

Amount of Each Receipt this Period

100.00

**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 31 / 89  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.** Full Name (Last, First, Middle Initial)  
MR FORD E HARDY

Mailing Address 1925 BRIDGE ST NW  
APT 605

City GRAND RAPIDS State MI Zip Code 49504

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 6

**Transaction ID:** SA11AI.39720

Amount of Each Receipt this Period  
35.00

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

Mailing Address 2661 TALLANT RD APT MW527

City SANTA BARBARA State CA Zip Code 93105

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 301.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 6

**Transaction ID:** SA11AI.32483

Amount of Each Receipt this Period  
201.00

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

Mailing Address 110 LINDEN ST #4

City PAOLI State IN Zip Code 47454

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 6

**Transaction ID:** SA11AI.39990

Amount of Each Receipt this Period  
36.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 272.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 89
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) WILLIAM HILL		Date of Receipt
	Mailing Address 2291 INGALLS ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	EDGEWATER	CO	80214
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.40303
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 100.00

<b>B.</b>	Full Name (Last, First, Middle Initial) TATNALL LEA HILLMAN		Date of Receipt
	Mailing Address 504 W BLEEKER ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	ASPEN	CO	81611
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.26227
Name of Employer N/A		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 500.00	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS EMMA A HINSHAW		Date of Receipt
	Mailing Address 106 SUNSHINE HILL ST #201		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SPRUCE PINE	NC	28777
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.28472
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 222.00	<input type="text"/> 38.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 638.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 33 / 89  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS EMMA A HINSHAW  
Mailing Address 106 SUNSHINE HILL ST #201  
City SPRUCE PINE State NC Zip Code 28777  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 263.00  
Date of Receipt 06 / 13 / 2006  
Transaction ID: SA11AI.32222  
Amount of Each Receipt this Period 41.00

**B.** Full Name (Last, First, Middle Initial)  
MRS WILLIE HOBSON  
Mailing Address 4820 ENGLISH AVE  
City INDIANAPOLIS State IN Zip Code 46201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 226.00  
Date of Receipt 06 / 15 / 2006  
Transaction ID: SA11AI.34190  
Amount of Each Receipt this Period 61.00

**C.** Full Name (Last, First, Middle Initial)  
MR ARTHUR HUDSON  
Mailing Address 120 ECHO DR  
City HENDERSONVILLE State NC Zip Code 28739  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 221.00  
Date of Receipt 06 / 26 / 2006  
Transaction ID: SA11AI.39027  
Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 137.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR JAMES HUNT	Date of Receipt MM / DD / YYYY 06 / 16 / 2006
	Mailing Address 609 MOUNTAIN VIEW DR	<b>Transaction ID:</b> SA11AI.34979
	City State Zip Code MESQUITE NV 89027	Amount of Each Receipt this Period 141.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MR JAMES HUNT	Date of Receipt MM / DD / YYYY 06 / 23 / 2006
	Mailing Address 609 MOUNTAIN VIEW DR	<b>Transaction ID:</b> SA11AI.38717
	City State Zip Code MESQUITE NV 89027	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MR CHARLES JOHNSON	Date of Receipt MM / DD / YYYY 06 / 15 / 2006
	Mailing Address 3702 ESTO AVE	<b>Transaction ID:</b> SA11AI.34296
	City State Zip Code EL MONTE CA 91731	Amount of Each Receipt this Period 817.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1225.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	993.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 89		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MARJORIE JONES	Date of Receipt MM / DD / YYYY 06 / 26 / 2006
	Mailing Address 645 LEK CLOVER CIR	<b>Transaction ID:</b> SA11AI.39010
	City State Zip Code PALM DESERT CA 92211	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 201.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DR MICHAEL KENDALL	Date of Receipt MM / DD / YYYY 05 / 31 / 2006
	Mailing Address 1215 E COULTER ST #200	<b>Transaction ID:</b> SA11AI.30165
	City State Zip Code AMARILLO TX 79106	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF EMPLOYED Occupation PODIATRIST Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) FRED KERR	Date of Receipt MM / DD / YYYY 06 / 14 / 2006
	Mailing Address 5310 HIGHWAY 65	<b>Transaction ID:</b> SA11AI.33858
	City State Zip Code CHILLICOTHE MO 64601	Amount of Each Receipt this Period 101.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF Occupation FARMER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 296.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>241.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR THOMAS KING		Date of Receipt
	Mailing Address 9020 BUSH CREEK CIR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 1 8 / 2 0 0 6
	City	State	Zip Code
	FREDERICK	MD	21704
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.22227
Name of Employer N/A		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR THOMAS KING		Date of Receipt
	Mailing Address 9020 BUSH CREEK CIR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 1 6 / 2 0 0 6
	City	State	Zip Code
	FREDERICK	MD	21704
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.34927
Name of Employer N/A		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 325.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR THOMAS KING		Date of Receipt
	Mailing Address 9020 BUSH CREEK CIR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 3 0 / 2 0 0 6
	City	State	Zip Code
	FREDERICK	MD	21704
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.40258
Name of Employer N/A		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 175.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.** Full Name (Last, First, Middle Initial)  
MS SYLVIA MANSON

Mailing Address 113 OCEAN VIEW AVE

City State Zip Code  
SANTA CRUZ CA 95062

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

Name of Employer Occupation  
SELF EMPLOYED LANDLORD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11AI.30225

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
MRS ELLA MAE MCGUIRE

Mailing Address 8725 E STONERIDGE ST

City State Zip Code  
WICHITA KS 67206

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 211.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: SA11AI.34307

Amount of Each Receipt this Period  
21.00

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

Mailing Address 1504 VIA RANCHO

City State Zip Code  
SAN LORENZO CA 94580

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 6

Transaction ID: SA11AI.35075

Amount of Each Receipt this Period  
101.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **272.00**

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

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

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

FOR LINE NUMBER: PAGE 38 / 89  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS ALICE L NAGEL

Mailing Address 3715 RAMBLEWOOD DR

City State Zip Code  
PORT HURON MI 48060

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2006

**Transaction ID:** SA11AI.39001

Amount of Each Receipt this Period  
51.00

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

Mailing Address 8187 STATE ROUTE 43

City State Zip Code  
STREETSBORO OH 44241

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 226.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

**Transaction ID:** SA11AI.34489

Amount of Each Receipt this Period  
151.00

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

Mailing Address 5866 TIMBER DR

City State Zip Code  
COLUMBUS OH 43213

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

Name of Employer N/A Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

**Transaction ID:** SA11AI.34245

Amount of Each Receipt this Period  
101.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **303.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS WILMA NIXON	Date of Receipt MM / DD / YYYY 05 / 02 / 2006
	Mailing Address 8701 MAYFIELD RD #121	<b>Transaction ID:</b> SA11AI.24556
	City State Zip Code CHESTERLAND OH 44026	Amount of Each Receipt this Period 53.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 219.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS WILMA NIXON	Date of Receipt MM / DD / YYYY 05 / 02 / 2006
	Mailing Address 8701 MAYFIELD RD #121	<b>Transaction ID:</b> SA11AI.24557
	City State Zip Code CHESTERLAND OH 44026	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 244.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS DORIS PANKOW	Date of Receipt MM / DD / YYYY 06 / 15 / 2006
	Mailing Address 1401 RUBIO ST	<b>Transaction ID:</b> SA11AI.34225
	City State Zip Code ALTADENA CA 91001	Amount of Each Receipt this Period 201.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 401.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	279.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 89  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICANS AGAINST ILLEGAL IMMIGRATION PAC**

**A.**

Full Name (Last, First, Middle Initial)  
MR HAROLD PLATT

Mailing Address 8810 WALTHER BLVD #3414

City State Zip Code  
**BALTIMORE MD 21234**

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

Name of Employer N/A Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **201.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**06 28 2006**

**Transaction ID: SA11AI.39926**

Amount of Each Receipt this Period  
**101.00**

**B.**

Full Name (Last, First, Middle Initial)  
MRS VIRGINIA R PORTIS

Mailing Address 3210 WINDERLY PINE COVE

City State Zip Code  
**MEMPHIS TN 38125**

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

Name of Employer N/A Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**05 17 2006**

**Transaction ID: SA11AI.26477**

Amount of Each Receipt this Period  
**50.00**

**C.**

Full Name (Last, First, Middle Initial)  
MRS E N RICHMOND, II

Mailing Address 7625 SAN FELIPE RD

City State Zip Code  
**SAN JOSE CA 95135**

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

Name of Employer N/A Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**05 05 2006**

**Transaction ID: SA11AI.25127**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **401.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR ANTHONY RYAN		Date of Receipt																					
	Mailing Address 393 DORCHESTER 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>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		2	0		2	0	0	6														
	City State Zip Code LYME NH 03768		<b>Transaction ID:</b> SA11AI.22282																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00																						
Name of Employer N/A Occupation RETIRED		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 250.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) ELIZABETH SCHAFFER		Date of Receipt																					
	Mailing Address 610 1ST ST		<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>0</td><td>4</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	1		2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		1	1		2	0	0	6														
	City State Zip Code CORONADO CA 92118		<b>Transaction ID:</b> SA11AI.21547																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00																						
Name of Employer NONE Occupation HOMEMAKER		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 850.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) ELIZABETH SCHAFFER		Date of Receipt																					
	Mailing Address 610 1ST ST		<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>0</td><td>5</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	3		2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		2	3		2	0	0	6														
	City State Zip Code CORONADO CA 92118		<b>Transaction ID:</b> SA11AI.29434																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00																						
Name of Employer NONE Occupation HOMEMAKER		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 1600.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 89  
(check only one)

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

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 AGAINST ILLEGAL IMMIGRATION PAC

**A.** Full Name (Last, First, Middle Initial)  
ELIZABETH SCHAFER

Mailing Address 610 1ST ST

City State Zip Code  
CORONADO CA 92118

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt: MM / DD / YYYY  
06 / 19 / 2006

Transaction ID: SA11AI.35771

Amount of Each Receipt this Period: 500.00

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

Mailing Address 12630 S LAFLIN ST

City State Zip Code  
CALUMET PARK IL 60827

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

Name of Employer N/A Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: MM / DD / YYYY  
04 / 07 / 2006

Transaction ID: SA11AI.21134

Amount of Each Receipt this Period: 50.00

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

Mailing Address 12630 S LAFLIN ST

City State Zip Code  
CALUMET PARK IL 60827

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

Name of Employer N/A Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: MM / DD / YYYY  
06 / 05 / 2006

Transaction ID: SA11AI.30475

Amount of Each Receipt this Period: 75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **625.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) WALTER SHEK	Date of Receipt MM / DD / YYYY 06 / 15 / 2006
	Mailing Address 12630 S LAFLIN ST	<b>Transaction ID:</b> SA11AI.34058
	City State Zip Code CALUMET PARK IL 60827	Amount of Each Receipt this Period 101.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer N/A Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 381.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR JOHN ANSON SMITH	Date of Receipt MM / DD / YYYY 04 / 18 / 2006
	Mailing Address PO BOX 2709	<b>Transaction ID:</b> SA11AI.22569
	City State Zip Code NAPLES FL 34106	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NONE Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) LOUISE SMITH	Date of Receipt MM / DD / YYYY 04 / 18 / 2006
	Mailing Address 6060 OXFORD AVE N	<b>Transaction ID:</b> SA11AI.22221
	City State Zip Code STILLWATER MN 55082	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer N/A Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>351.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MABELLE JEAN SMITH		Date of Receipt
	Mailing Address 8545 MISSION GORGE RD SPC 224		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 3 / 2 0 0 6
	City	State	Zip Code
	SANTEE	CA	92071
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.19864
Name of Employer N/A		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/> 100.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MABELLE JEAN SMITH		Date of Receipt
	Mailing Address 8545 MISSION GORGE RD SPC 224		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 3 0 / 2 0 0 6
	City	State	Zip Code
	SANTEE	CA	92071
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.29963
Name of Employer N/A		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MR WILLIAM B SNYDER		Date of Receipt
	Mailing Address 555 5TH AVE N E PH 2		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 1 6 / 2 0 0 6
	City	State	Zip Code
	SAINT PETERSBURG	FL	33701
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.35303
Name of Employer N/A		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 800.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 45 / 89  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.** Full Name (Last, First, Middle Initial)  
DOROTHY STEIN

Mailing Address 16429 N 33RD ST

City PHOENIX State AZ Zip Code 85032

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt: 06 / 13 / 2006  
**Transaction ID:** SA11AI.32581  
 Amount of Each Receipt this Period: 101.00

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

Mailing Address 20 N TOWER RD APT 12E

City OAK BROOK State IL Zip Code 60523

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 05 / 31 / 2006  
**Transaction ID:** SA11AI.30132  
 Amount of Each Receipt this Period: 35.00

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

Mailing Address 1138 DEVONSHIRE WAY

City PALM BEACH GARDENS State FL Zip Code 33418

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 03 / 2006  
**Transaction ID:** SA11AI.19779  
 Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 236.00

**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 46 / 89  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.** Full Name (Last, First, Middle Initial)  
MS JEAN TALMAGE

Mailing Address 1138 DEVONSHIRE WAY

City State Zip Code  
PALM BEACH GARDENS FL 33418

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 6

**Transaction ID:** SA11AI.24156

Amount of Each Receipt this Period  
25.00

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

Mailing Address 255 BOARDWALK PL

City State Zip Code  
PARK RIDGE IL 60068

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

Name of Employer RETIRED Occupation REGISTERED NURSE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 0 6

**Transaction ID:** SA11AI.33925

Amount of Each Receipt this Period  
150.00

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

Mailing Address 255 BOARDWALK PL

City State Zip Code  
PARK RIDGE IL 60068

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

Name of Employer RETIRED Occupation REGISTERED NURSE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

**Transaction ID:** SA11AI.34331

Amount of Each Receipt this Period  
101.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 276.00

**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 47 / 89  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
DR JAMES B TOWNSEND, JR

Mailing Address 2938 DIMRILL STAIR

City State Zip Code  
MANHATTAN KS 66503

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

Name of Employer Occupation  
DOCTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2006

**Transaction ID:** SA11AI.20149

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
DR JAMES B TOWNSEND, JR

Mailing Address 2938 DIMRILL STAIR

City State Zip Code  
MANHATTAN KS 66503

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

Name of Employer Occupation  
DOCTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2006

**Transaction ID:** SA11AI.33033

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR JACQUES VINMONT, JR

Mailing Address QUAIL RUN 21 ASPEN C

City State Zip Code  
BOYNTON BEACH FL 33436

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

Name of Employer Occupation  
N/A RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2006

**Transaction ID:** SA11AI.25199

Amount of Each Receipt this Period  
100.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 89  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**AMERICANS AGAINST ILLEGAL IMMIGRATION PAC**

**A.** Full Name (Last, First, Middle Initial)  
MISS JEAN C WALKER

Mailing Address 411 N MIDDLETOWN RD  
F-302 LIMA ESTATES

City MEDIA State PA Zip Code 19063

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt: 06 / 19 / 2006  
**Transaction ID: SA11AI.36284**  
Amount of Each Receipt this Period: 101.00

**B.** Full Name (Last, First, Middle Initial)  
MR HARMON WARD, JR

Mailing Address 12551 FLETCHER DR

City GARDEN GROVE State CA Zip Code 92840

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 203.00

Date of Receipt: 04 / 04 / 2006  
**Transaction ID: SA11AI.20130**  
Amount of Each Receipt this Period: 80.00

**C.** Full Name (Last, First, Middle Initial)  
MR HARMON WARD, JR

Mailing Address 12551 FLETCHER DR

City GARDEN GROVE State CA Zip Code 92840

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 243.00

Date of Receipt: 05 / 31 / 2006  
**Transaction ID: SA11AI.30141**  
Amount of Each Receipt this Period: 40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 221.00

**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 49 / 89  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.** Full Name (Last, First, Middle Initial)  
MR HARMON WARD, JR  
Mailing Address 12551 FLETCHER DR  
City State Zip Code  
GARDEN GROVE CA 92840  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 278.00  
Date of Receipt MM / DD / YYYY  
06 / 19 / 2006  
Transaction ID: SA11AI.35791  
Amount of Each Receipt this Period 35.00

**B.** Full Name (Last, First, Middle Initial)  
MS MARY ELIZABETH WHITE  
Mailing Address 4461 STACK BLVD APT E130  
City State Zip Code  
MELBOURNE FL 32901  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
NONE RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 395.00  
Date of Receipt MM / DD / YYYY  
04 / 18 / 2006  
Transaction ID: SA11AI.22443  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
MS MARY ELIZABETH WHITE  
Mailing Address 4461 STACK BLVD APT E130  
City State Zip Code  
MELBOURNE FL 32901  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
NONE RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 495.00  
Date of Receipt MM / DD / YYYY  
05 / 31 / 2006  
Transaction ID: SA11AI.30154  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 235.00  
**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 50 / 89  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.** Full Name (Last, First, Middle Initial)  
MS MARY ELIZABETH WHITE

Mailing Address 4461 STACK BLVD APT E130

City MELBOURNE State FL Zip Code 32901

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 596.00

Date of Receipt: 06 / 15 / 2006  
**Transaction ID: SA11AI.34127**  
 Amount of Each Receipt this Period: 101.00

**B.** Full Name (Last, First, Middle Initial)  
MS MARY ELIZABETH WHITE

Mailing Address 4461 STACK BLVD APT E130

City MELBOURNE State FL Zip Code 32901

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 646.00

Date of Receipt: 06 / 20 / 2006  
**Transaction ID: SA11AI.37641**  
 Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
MS LILLIAN P WILKINS

Mailing Address 342 COUNTY ROAD 3900

City HAWKINS State TX Zip Code 75765

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 05 / 30 / 2006  
**Transaction ID: SA11AI.29990**  
 Amount of Each Receipt this Period: 75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 226.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 89		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR GEORGE WILLIAMS		Date of Receipt MM / DD / YYYY 06 / 15 / 2006		
	Mailing Address 85 SHADY LN		<b>Transaction ID:</b> SA11AI.34534		
	City STRASBURG	State VA	Zip Code 22657	Amount of Each Receipt this Period 35.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer N/A	Occupation RETIRED	Aggregate Year-to-Date 201.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MS DONNA P WOOLLEY		Date of Receipt MM / DD / YYYY 05 / 24 / 2006		
	Mailing Address P O BOX 43		<b>Transaction ID:</b> SA11AI.29651		
	City DRAIN	State OR	Zip Code 97435	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer EAGLES VIEW MGMT CO	Occupation EXECUTIVE	Aggregate Year-to-Date 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MR GEORGE WRENN		Date of Receipt MM / DD / YYYY 04 / 04 / 2006		
	Mailing Address P O BOX 247		<b>Transaction ID:</b> SA11AI.20127		
	City FREEDOM	State NH	Zip Code 03836	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer N/A	Occupation RETIRED	Aggregate Year-to-Date 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>260.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 89  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR GEORGE WRENN

Mailing Address P O BOX 247

City State Zip Code  
FREEDOM NH 03836

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 6

Transaction ID: SA11AI.22811

Amount of Each Receipt this Period  
75.00

**B.**

Full Name (Last, First, Middle Initial)  
MR GEORGE WRENN

Mailing Address P O BOX 247

City State Zip Code  
FREEDOM NH 03836

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

Transaction ID: SA11AI.28756

Amount of Each Receipt this Period  
75.00

**C.**

Full Name (Last, First, Middle Initial)  
MR GEORGE WRENN

Mailing Address P O BOX 247

City State Zip Code  
FREEDOM NH 03836

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 485.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11AI.40262

Amount of Each Receipt this Period  
35.00

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

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

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

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

FOR LINE NUMBER: PAGE 53 / 89  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.** Full Name (Last, First, Middle Initial)  
DR ROBERT ZAITLIN, MD

Mailing Address 118 S CLIFFWOOD AVE

City State Zip Code  
LOS ANGELES CA 90049

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

Name of Employer SELF EMPLOYED Occupation MEDICAL DOCTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2006

Transaction ID: SA11AI.22442

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
DR ROBERT ZAITLIN, MD

Mailing Address 118 S CLIFFWOOD AVE

City State Zip Code  
LOS ANGELES CA 90049

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

Name of Employer SELF EMPLOYED Occupation MEDICAL DOCTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2006

Transaction ID: SA11AI.30153

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
DR ROBERT ZAITLIN, MD

Mailing Address 118 S CLIFFWOOD AVE

City State Zip Code  
LOS ANGELES CA 90049

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

Name of Employer SELF EMPLOYED Occupation MEDICAL DOCTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2006

Transaction ID: SA11AI.35837

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

**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 54 / 89  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

A.

Full Name (Last, First, Middle Initial)  
MRS PEARL M ZULIM

Mailing Address 8407 AVENUE 428

City	State	Zip Code
DINUBA	CA	93618

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

Name of Employer	Occupation

Receipt For:

Primary     General

Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	6

Transaction ID: SA11AI.35997

Amount of Each Receipt this Period  
21.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	21.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	18016.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 55 / 89

<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 AGAINST ILLEGAL IMMIGRATION PAC

A.	Full Name (Last, First, Middle Initial) BULK MAILING & ADDRESSING, INC.	Transaction ID: SB21B.40542 Date of Disbursement
	Mailing Address 1328 CHARWOOD ROAD	<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
	City HANOVER State MD Zip Code 21076	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="318.80"/>
	Candidate Name	<input type="text" value="003"/> 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) BULK MAILING & ADDRESSING, INC.	Transaction ID: SB21B.40565 Date of Disbursement
	Mailing Address 1328 CHARWOOD ROAD	<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>
	City HANOVER State MD Zip Code 21076	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="20000.00"/>
	Candidate Name	<input type="text" value="003"/> 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) BULK MAILING & ADDRESSING, INC.	Transaction ID: SB21B.40566 Date of Disbursement
	Mailing Address 1328 CHARWOOD ROAD	<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2006"/>
	City HANOVER State MD Zip Code 21076	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="20294.00"/>
	Candidate Name	<input type="text" value="003"/> 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) ..... ▶

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 56 / 89

<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 AGAINST ILLEGAL IMMIGRATION PAC

<b>A.</b> Full Name (Last, First, Middle Initial) BULK MAILING & ADDRESSING, INC. Mailing Address 1328 CHARWOOD ROAD City HANOVER State MD Zip Code 21076 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	Transaction ID: SB21B.40573 Date of Disbursement 06 / 01 / 2006 Amount of Each Disbursement this Period 3361.00
<b>B.</b> Full Name (Last, First, Middle Initial) BULK MAILING & ADDRESSING, INC. Mailing Address 1328 CHARWOOD ROAD City HANOVER State MD Zip Code 21076 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	Transaction ID: SB21B.40575 Date of Disbursement 06 / 07 / 2006 Amount of Each Disbursement this Period 1414.34
<b>C.</b> Full Name (Last, First, Middle Initial) BULK MAILING & ADDRESSING, INC. Mailing Address 1328 CHARWOOD ROAD City HANOVER State MD Zip Code 21076 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	Transaction ID: SB21B.40580 Date of Disbursement 06 / 12 / 2006 Amount of Each Disbursement this Period 1622.00

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

6397.34

**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 AGAINST ILLEGAL IMMIGRATION PAC

A.	Full Name (Last, First, Middle Initial) BULK MAILING & ADDRESSING, INC.	Transaction ID: SB21B.40582 Date of Disbursement																			
	Mailing Address 1328 CHARWOOD ROAD	<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>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	6												
	City HANOVER State MD Zip Code 21076	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<table border="1"><tr><td>3915.27</td></tr></table>	3915.27																		
3915.27																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	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) BULK MAILING & ADDRESSING, INC.	Transaction ID: SB21B.40594 Date of Disbursement																			
	Mailing Address 1328 CHARWOOD ROAD	<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>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	6		2	0	0	6												
	City HANOVER State MD Zip Code 21076	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<table border="1"><tr><td>234.31</td></tr></table>	234.31																		
234.31																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	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) BULK MAILING & ADDRESSING, INC.	Transaction ID: SB21B.40600 Date of Disbursement																			
	Mailing Address 1328 CHARWOOD ROAD	<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>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	9		2	0	0	6												
	City HANOVER State MD Zip Code 21076	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<table border="1"><tr><td>6900.00</td></tr></table>	6900.00																		
6900.00																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	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) ..... ▶

**11049.58**

**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 AGAINST ILLEGAL IMMIGRATION PAC

A.	Full Name (Last, First, Middle Initial) <b>BULK MAILING &amp; ADDRESSING, INC.</b>	<b>Transaction ID:</b> SB21B.40826 Date of Disbursement 06 / 30 / 2006	
	Mailing Address 1328 CHARWOOD ROAD		
	City HANOVER State MD Zip Code 21076	Amount of Each Disbursement this Period	58059.72
	Purpose of Disbursement ADJUSTMENT	003	Category/Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) <b>BULK MAILING &amp; ADDRESSING, INC.</b>	<b>Transaction ID:</b> SB21B.40853 Date of Disbursement 06 / 30 / 2006	
	Mailing Address 1328 CHARWOOD ROAD		
	City HANOVER State MD Zip Code 21076	Amount of Each Disbursement this Period	-58059.72
	Purpose of Disbursement REVERSAL	003	Category/Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
C.	Full Name (Last, First, Middle Initial) <b>CAMPAIGN FUNDING DIRECT</b>	<b>Transaction ID:</b> SB21B.40543 Date of Disbursement 04 / 24 / 2006	
	Mailing Address 1420 SPRING HILL RD STE 490		
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period	19951.83
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	003	Category/Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>19951.83</b>
<b>TOTAL</b> 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 AGAINST ILLEGAL IMMIGRATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.40552 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	<input type="text" value="50.00"/>
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>B.</b>	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.40554 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	<input type="text" value="341.73"/>
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>C.</b>	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.40595 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	<input type="text" value="12167.55"/>
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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="12559.28"/>
<b>TOTAL</b> 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 AGAINST ILLEGAL IMMIGRATION PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) CATTERTON PRINTING &amp; MAILSHOP</p> <p>Mailing Address 100 POST OFFICE RD</p> <p>City WALDORF State MD Zip Code 20602</p> <p>Purpose of Disbursement REVERSAL</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><b>Transaction ID:</b> SB21B.40856</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">-5100.00</p> <p style="text-align: center;"><b>003</b></p> <p>Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CATTERTON PRINTING, INC.</p> <p>Mailing Address 100 POST OFFICE ROAD</p> <p>City WALDORF State MD Zip Code 20602</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL</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><b>Transaction ID:</b> SB21B.40581</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <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="6"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">5100.00</p> <p style="text-align: center;"><b>003</b></p> <p>Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) COLORTREE</p> <p>Mailing Address 2519 BRITTONS HILL RD</p> <p>City RICHMOND State VA Zip Code 23230</p> <p>Purpose of Disbursement ADJUSTMENT</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><b>Transaction ID:</b> SB21B.40830</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">14368.15</p> <p style="text-align: center;"><b>003</b></p> <p>Category/ Type</p>

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

14368.15

**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 AGAINST ILLEGAL IMMIGRATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) COLORTREE, INC. OF VIRGINIA  Mailing Address 2519 BRITTONS HILL RD  City RICHMOND State VA Zip Code 23230  Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">003</span> 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 <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.40545 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6  Amount of Each Disbursement this Period 786.40
<b>B.</b>	Full Name (Last, First, Middle Initial) COLORTREE, INC. OF VIRGINIA  Mailing Address 2519 BRITTONS HILL RD  City RICHMOND State VA Zip Code 23230  Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">003</span> 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 <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.40555 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6  Amount of Each Disbursement this Period 9677.01
<b>C.</b>	Full Name (Last, First, Middle Initial) COLORTREE, INC. OF VIRGINIA  Mailing Address 2519 BRITTONS HILL RD  City RICHMOND State VA Zip Code 23230  Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">003</span> 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 <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.40596 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6  Amount of Each Disbursement this Period 3904.74

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>14368.15</b>
<b>TOTAL</b> 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 AGAINST ILLEGAL IMMIGRATION PAC

A.	Full Name (Last, First, Middle Initial) CP DIRECT	Transaction ID: SB21B.40570 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="05"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="532.45"/>
	Candidate Name	<input type="text" value="003"/> 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) CP DIRECT	Transaction ID: SB21B.40578 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="06"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="2779.73"/>
	Candidate Name	<input type="text" value="003"/> 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) CP DIRECT	Transaction ID: SB21B.40583 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="06"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="6567.92"/>
	Candidate Name	<input type="text" value="003"/> 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9880.10"/>
<b>TOTAL</b> 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)

PAGE 64 / 89

<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 AGAINST ILLEGAL IMMIGRATION PAC

A.	Full Name (Last, First, Middle Initial) CP DIRECT	Transaction ID: SB21B.40597 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="3552.00"/>
	Candidate Name	<input type="text" value="003"/> 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) CP DIRECT	Transaction ID: SB21B.40834 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement ADJUSTMENT	<input type="text" value="13432.10"/>
	Candidate Name	<input type="text" value="003"/> 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) CP DIRECT	Transaction ID: SB21B.40857 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement REVERSAL	<input type="text" value="-13432.10"/>
	Candidate Name	<input type="text" value="003"/> 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3552.00"/>
<b>TOTAL</b> 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 AGAINST ILLEGAL IMMIGRATION PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) DM GROUP</p> <p>Mailing Address 201 SKIPJACK ROAD</p> <p>City PRINCE FREDERICK State MD Zip Code 20678</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</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><b>Transaction ID:</b> SB21B.40579</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="07"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1847.88"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) DM GROUP</p> <p>Mailing Address 201 SKIPJACK ROAD</p> <p>City PRINCE FREDERICK State MD Zip Code 20678</p> <p>Purpose of Disbursement ADJUSTMENT</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><b>Transaction ID:</b> SB21B.40836</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1847.88"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) DM GROUP</p> <p>Mailing Address 201 SKIPJACK ROAD</p> <p>City PRINCE FREDERICK State MD Zip Code 20678</p> <p>Purpose of Disbursement REVERSAL</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><b>Transaction ID:</b> SB21B.40858</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-1847.88"/></p>

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

**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 AGAINST ILLEGAL IMMIGRATION PAC

A.	Full Name (Last, First, Middle Initial) ECG DATA CENTER	Transaction ID: SB21B.40546 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA PROCESSING Candidate Name	<input type="text" value="2183.31"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

B.	Full Name (Last, First, Middle Initial) ECG DATA CENTER	Transaction ID: SB21B.40556 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA PROCESSING Candidate Name	<input type="text" value="2421.21"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

C.	Full Name (Last, First, Middle Initial) ECG DATA CENTER	Transaction ID: SB21B.40571 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA PROCESSING Candidate Name	<input type="text" value="104.06"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4708.58"/>
<b>TOTAL</b> 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 AGAINST ILLEGAL IMMIGRATION PAC

A.	Full Name (Last, First, Middle Initial) ECG DATA CENTER <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DATA PROCESSING Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">001</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.40598 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1146.63</div>
B.	Full Name (Last, First, Middle Initial) ECG DATA CENTER <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement ADJUSTMENT Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">003</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.40838 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5855.21</div>
C.	Full Name (Last, First, Middle Initial) ECG DATA CENTER <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement REVERSAL Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">001</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.40859 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">-5855.21</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 5px; display: inline-block;">1146.63</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**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 AGAINST ILLEGAL IMMIGRATION PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) GILLIS DATA &amp; INFORMATION SERVICES, LLC</p> <p>Mailing Address 8990 WESTCHESTER DRIVE</p> <p>City MANASSAS State VA Zip Code 20112</p> <p>Purpose of Disbursement DATA PROCESSING</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><b>Transaction ID:</b> SB21B.40557</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2225.00"/></p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) GILLIS DATA &amp; INFORMATION SERVICES, LLC</p> <p>Mailing Address 8990 WESTCHESTER DRIVE</p> <p>City MANASSAS State VA Zip Code 20112</p> <p>Purpose of Disbursement ADJUSTMENT</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><b>Transaction ID:</b> SB21B.40840</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2225.00"/></p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) GILLIS DATA &amp; INFORMATION SERVICES, LLC</p> <p>Mailing Address 8990 WESTCHESTER DRIVE</p> <p>City MANASSAS State VA Zip Code 20112</p> <p>Purpose of Disbursement REVERSAL</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><b>Transaction ID:</b> SB21B.40860</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-2225.00"/></p> <p>001 Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2225.00"/></p>
<p><b>TOTAL</b> 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 AGAINST ILLEGAL IMMIGRATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) LITHOTECH Mailing Address 2020 N 22ND AVE City PHOENIX State AZ Zip Code 85009 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL 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>Transaction ID:</b> SB21B.40548 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6	Amount of Each Disbursement this Period 2058.00
<b>B.</b>	Full Name (Last, First, Middle Initial) LITHOTECH Mailing Address 2020 N 22ND AVE City PHOENIX State AZ Zip Code 85009 Purpose of Disbursement ADJUSTMENT 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>Transaction ID:</b> SB21B.40842 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	Amount of Each Disbursement this Period 2058.00
<b>C.</b>	Full Name (Last, First, Middle Initial) LITHOTECH Mailing Address 2020 N 22ND AVE City PHOENIX State AZ Zip Code 85009 Purpose of Disbursement REVERSAL 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>Transaction ID:</b> SB21B.40861 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	Amount of Each Disbursement this Period -2058.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>2058.00</b>	
<b>TOTAL</b> 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 AGAINST ILLEGAL IMMIGRATION PAC

A.	Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL	Transaction ID: SB21B.40540
	Mailing Address 21721-A FILIGREE CT	Date of Disbursement MM / DD / YYYY 04 / 03 / 2006
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period 6001.55
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	003 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) MDI IMAGING & MAIL	Transaction ID: SB21B.40549
	Mailing Address 21721-A FILIGREE CT	Date of Disbursement MM / DD / YYYY 04 / 24 / 2006
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period 495.77
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	003 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) MDI IMAGING & MAIL	Transaction ID: SB21B.40558
	Mailing Address 21721-A FILIGREE CT	Date of Disbursement MM / DD / YYYY 05 / 01 / 2006
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period 117.73
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	003 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) ..... ► **6615.05**

**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 AGAINST ILLEGAL IMMIGRATION PAC

A.	Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL	Transaction ID: SB21B.40564 Date of Disbursement
	Mailing Address 21721-A FILIGREE CT	<input type="text" value="05"/> <input type="text" value="11"/> / <input type="text" value="2006"/>
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="7083.00"/>
	Candidate Name	<input type="text" value="003"/> 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) MDI IMAGING & MAIL	Transaction ID: SB21B.40574 Date of Disbursement
	Mailing Address 21721-A FILIGREE CT	<input type="text" value="06"/> <input type="text" value="01"/> / <input type="text" value="2006"/>
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="6639.00"/>
	Candidate Name	<input type="text" value="003"/> 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) MDI IMAGING & MAIL	Transaction ID: SB21B.40576 Date of Disbursement
	Mailing Address 21721-A FILIGREE CT	<input type="text" value="06"/> <input type="text" value="07"/> / <input type="text" value="2006"/>
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="4033.75"/>
	Candidate Name	<input type="text" value="003"/> 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="17755.75"/>
<b>TOTAL</b> 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)

PAGE 73 / 89

<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 AGAINST ILLEGAL IMMIGRATION PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement LIST RENTALS</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><b>Transaction ID:</b> SB21B.40550</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="11075.02"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement LIST RENTALS</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><b>Transaction ID:</b> SB21B.40553</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="757.50"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement LIST RENTALS</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><b>Transaction ID:</b> SB21B.40559</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="810.00"/></p>

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

**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 AGAINST ILLEGAL IMMIGRATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement LIST RENTALS Candidate Name <hr/> 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>Transaction ID:</b> SB21B.40572 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6	Amount of Each Disbursement this Period 4532.93
<b>B.</b>	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement LIST RENTALS Candidate Name <hr/> 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>Transaction ID:</b> SB21B.40599 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6	Amount of Each Disbursement this Period 4435.16
<b>C.</b>	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement ADJUSTMENT Candidate Name <hr/> 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>Transaction ID:</b> SB21B.40846 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	Amount of Each Disbursement this Period 21610.61

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **30578.70**

**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 AGAINST ILLEGAL IMMIGRATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement REVERSAL Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">003</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.40863 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">-21610.61</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING, INC. <hr/> Mailing Address 4841 DILLON DR <hr/> City PUEBLO State CO Zip Code 81008 <hr/> Purpose of Disbursement CAGING & ESCROW Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">001</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.40551 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1755.21</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING, INC. <hr/> Mailing Address 4841 DILLON DR <hr/> City PUEBLO State CO Zip Code 81008 <hr/> Purpose of Disbursement CAGING & ESCROW Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">001</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.40560 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1224.73</div>

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

**-18630.67**

**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)

<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 AGAINST ILLEGAL IMMIGRATION PAC

**A.** Full Name (Last, First, Middle Initial)  
PREMIER FULFILLMENT & PROCESSING, INC.

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement  
CAGING & ESCROW

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.40561

Date of Disbursement

05 / 01 / 2006

Amount of Each Disbursement this Period

125.54

**B.** Full Name (Last, First, Middle Initial)  
PREMIER FULFILLMENT & PROCESSING, INC.

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement  
CAGING & ESCROW

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.40584

Date of Disbursement

06 / 19 / 2006

Amount of Each Disbursement this Period

665.94

**C.** Full Name (Last, First, Middle Initial)  
PREMIER FULFILLMENT & PROCESSING INC

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement  
ADJUSTMENT

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.40848

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

3771.42

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

4562.90

**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 AGAINST ILLEGAL IMMIGRATION PAC

<b>A.</b> Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City MCLEAN State VA Zip Code 22102 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI 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.40563 Date of Disbursement 05 / 08 / 2006
	Amount of Each Disbursement this Period 4545.00
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City MCLEAN State VA Zip Code 22102 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI 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.40587 Date of Disbursement 06 / 26 / 2006
	Amount of Each Disbursement this Period 4590.45
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City MCLEAN State VA Zip Code 22102 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI 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.40588 Date of Disbursement 06 / 26 / 2006
	Amount of Each Disbursement this Period 4590.45
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	13725.90
<b>TOTAL</b> 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 AGAINST ILLEGAL IMMIGRATION PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS	Transaction ID: SB21B.40589 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	<input type="text" value="4590.45"/> <input type="text" value="003"/> 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>B.</b>	Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS	Transaction ID: SB21B.40590 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	<input type="text" value="4590.45"/> <input type="text" value="003"/> 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>C.</b>	Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS	Transaction ID: SB21B.40591 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	<input type="text" value="4590.45"/> <input type="text" value="003"/> 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) ..... ▶

**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 AGAINST ILLEGAL IMMIGRATION PAC

<b>A.</b> Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS <hr/> Mailing Address 1420 SPRING HILL ROAD, SUITE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40592 Date of Disbursement 06 / 26 / 2006
	Amount of Each Disbursement this Period 4590.45
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS <hr/> Mailing Address 1420 SPRING HILL ROAD, SUITE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40593 Date of Disbursement 06 / 26 / 2006
	Amount of Each Disbursement this Period 4590.45
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) RST MARKETING <hr/> Mailing Address 1272 CORPORATE PARK RD <hr/> City FOREST State VA Zip Code 24551 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40539 Date of Disbursement 04 / 03 / 2006
	Amount of Each Disbursement this Period 3450.00
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

12630.90

**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 AGAINST ILLEGAL IMMIGRATION PAC

A.	Full Name (Last, First, Middle Initial) RST MARKETING	Transaction ID: SB21B.40567 Date of Disbursement
	Mailing Address 1272 CORPORATE PARK RD	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="25"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="06"/> <input type="text" value="06"/>
	City FOREST State VA Zip Code 24551	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="12127.00"/>
	Candidate Name	<input type="text" value="003"/> 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) RST MARKETING	Transaction ID: SB21B.40568 Date of Disbursement
	Mailing Address 1272 CORPORATE PARK RD	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="30"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="06"/> <input type="text" value="06"/>
	City FOREST State VA Zip Code 24551	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="333.00"/>
	Candidate Name	<input type="text" value="003"/> 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) RST MARKETING	Transaction ID: SB21B.40577 Date of Disbursement
	Mailing Address 1272 CORPORATE PARK RD	<input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="06"/> <input type="text" value="06"/>
	City FOREST State VA Zip Code 24551	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="1065.00"/>
	Candidate Name	<input type="text" value="003"/> 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="13525.00"/>
<b>TOTAL</b> 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 AGAINST ILLEGAL IMMIGRATION PAC

A.	Full Name (Last, First, Middle Initial) RST MARKETING	Transaction ID: SB21B.40586 Date of Disbursement
	Mailing Address 1272 CORPORATE PARK RD	<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>
	City FOREST State VA Zip Code 24551	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL Candidate Name	<input type="text" value="6616.00"/>
	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) ▼
		<input type="text" value="003"/> Category/Type

B.	Full Name (Last, First, Middle Initial) RST MARKETING	Transaction ID: SB21B.40601 Date of Disbursement
	Mailing Address 1272 CORPORATE PARK RD	<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
	City FOREST State VA Zip Code 24551	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL Candidate Name	<input type="text" value="940.00"/>
	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) ▼
		<input type="text" value="003"/> Category/Type

C.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK	Transaction ID: SB21B.40866 Date of Disbursement
	Mailing Address PO BOX 5247	<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
	City DENVER State CO Zip Code 80274	Amount of Each Disbursement this Period
	Purpose of Disbursement ACCOUNT ANALYSIS CHARGE Candidate Name	<input type="text" value="209.57"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7765.57"/>
<b>TOTAL</b> 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 AGAINST ILLEGAL IMMIGRATION PAC

A.	Full Name (Last, First, Middle Initial) <b>WELLS FARGO BANK</b> <hr/> Mailing Address <b>PO BOX 5247</b> <hr/> City <b>DENVER</b> State <b>CO</b> Zip Code <b>80274</b> Purpose of Disbursement <b>ACCOUNT ANALYSIS CHARGE</b> 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: <b>SB21B.40867</b> Date of Disbursement <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>0</td><td>5</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">200.61</td> </tr> </table> <hr/> Purpose of Disbursement <b>ACCOUNT ANALYSIS CHARGE</b> Candidate Name Category/Type: <b>001</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	2	2	/	2	0	0	6	200.61
M	M	/	D	D	/	Y	Y	Y	Y														
0	5	/	2	2	/	2	0	0	6														
200.61																							
B.	Full Name (Last, First, Middle Initial) <b>WELLS FARGO BANK</b> <hr/> Mailing Address <b>PO BOX 5247</b> <hr/> City <b>DENVER</b> State <b>CO</b> Zip Code <b>80274</b> Purpose of Disbursement <b>ACCOUNT ANALYSIS CHARGE</b> 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: <b>SB21B.40868</b> Date of Disbursement <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>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">258.57</td> </tr> </table> <hr/> Purpose of Disbursement <b>ACCOUNT ANALYSIS CHARGE</b> Candidate Name Category/Type: <b>001</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	2	0	/	2	0	0	6	258.57
M	M	/	D	D	/	Y	Y	Y	Y														
0	6	/	2	0	/	2	0	0	6														
258.57																							
C.	Full Name (Last, First, Middle Initial) <b>WEST END PRINTING</b> <hr/> Mailing Address <b>1619 SHERWOOD AVE</b> <hr/> City <b>RICHMOND</b> State <b>VA</b> Zip Code <b>23220</b> Purpose of Disbursement <b>DIRECT MAIL FUNDRAISING FOR AAI</b> 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: <b>SB21B.40541</b> Date of Disbursement <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>0</td><td>4</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">10000.00</td> </tr> </table> <hr/> Purpose of Disbursement <b>DIRECT MAIL FUNDRAISING FOR AAI</b> Candidate Name Category/Type: <b>003</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	3	/	2	0	0	6	10000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4	/	0	3	/	2	0	0	6														
10000.00																							

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

**10459.18**

**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 83 / 89

<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 AGAINST ILLEGAL IMMIGRATION PAC

<b>A.</b> Full Name (Last, First, Middle Initial) WEST END PRINTING <hr/> Mailing Address 1619 SHERWOOD AVE <hr/> City RICHMOND State VA Zip Code 23220 <hr/> Purpose of Disbursement ADJUSTMENT Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40852 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
	Amount of Each Disbursement this Period 10000.00 Category/Type: 003
<b>B.</b> Full Name (Last, First, Middle Initial) WEST END PRINTING <hr/> Mailing Address 1619 SHERWOOD AVE <hr/> City RICHMOND State VA Zip Code 23220 <hr/> Purpose of Disbursement REVERSAL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40865 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
	Amount of Each Disbursement this Period -10000.00 Category/Type: 003

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

0.00

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

277274.13

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 84 / 89 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)  
**AMERICANS AGAINST ILLEGAL IMMIGRATION PAC**

**Transaction ID: SC/10.11562**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MR ALLEN BRANDSTATER	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1241 OAK CIRCLE DRIVE	
City GLENDALE State CA ZIP Code 91208	

Original Amount of Loan 3000.00	Cumulative Payment To Date 2100.00	Balance Outstanding at Close of This Period 900.00
------------------------------------	---------------------------------------	---

**TERMS**

Date Incurred M M 1 2 D D 0 2 Y Y Y Y 2 0 0 5	Date Due ON DEMAND	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	-----------------------	----------------------------	---

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	900.00
<b>TOTALS</b> This Period (last page in this line only) .....	900.00

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> BULK MAILING & ADDRESSING, INC.			Nature of Debt (Purpose): DIRECT MAIL FUNRAISING FOR AAll
Mailing Address 1328 CHARWOOD ROAD			
City HANOVER	State MD	ZIP Code 21076	

Outstanding Balance Beginning This Period 4149.58		<b>Transaction ID:</b> SD10.40707	
Amount Incurred This Period 65724.13	Payment This Period 58059.72	Outstanding Balance at Close of This Period 11813.99	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> CAMPAIGN FUNDING DIRECT			Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING
Mailing Address 1420 SPRING HILL RD STE 490			
City MCLEAN	State VA	ZIP Code 22102	

Outstanding Balance Beginning This Period 32461.11		<b>Transaction ID:</b> SD10.11517	
Amount Incurred This Period 45358.43	Payment This Period 32511.11	Outstanding Balance at Close of This Period 45308.43	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> CATTERTON PRINTING & MAILSHOP			Nature of Debt (Purpose): PRINTING - DIRECT MAIL FU-NDRAISING
Mailing Address 100 POST OFFICE RD			
City WALDORF	State MD	ZIP Code 20602	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID:</b> SD10.11518	
Amount Incurred This Period 8244.55	Payment This Period 5100.00	Outstanding Balance at Close of This Period 3144.55	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	60266.97
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> COLORTREE			Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR AAI
Mailing Address 2519 BRITTONS HILL RD			
City RICHMOND	State VA	ZIP Code 23230	

Outstanding Balance Beginning This Period 14368.15		<b>Transaction ID:</b> SD10.40711	
Amount Incurred This Period 25320.15	Payment This Period 14368.15	Outstanding Balance at Close of This Period 25320.15	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> CP DIRECT			Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR AAI
Mailing Address 1420 SPRING HILL ROAD, SUITE 490			
City MCLEAN	State VA	ZIP Code 22102	

Outstanding Balance Beginning This Period 13432.10		<b>Transaction ID:</b> SD10.40713	
Amount Incurred This Period 16101.30	Payment This Period 13432.10	Outstanding Balance at Close of This Period 16101.30	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> DM GROUP			Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR AAI
Mailing Address 201 SKIPJACK ROAD			
City PRINCE FREDERICK	State MD	ZIP Code 20678	

Outstanding Balance Beginning This Period 1847.88		<b>Transaction ID:</b> SD10.40714	
Amount Incurred This Period 75.00	Payment This Period 1847.88	Outstanding Balance at Close of This Period 75.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	41496.45
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ECG DATA CENTER	Nature of Debt (Purpose): DATA PROCESSING
Mailing Address 1420 SPRING HILL RD STE 490	
City State ZIP Code MCLEAN VA 22102	

Outstanding Balance Beginning This Period 5855.21	<b>Transaction ID:</b> SD10.11519	
Amount Incurred This Period 14646.48	Payment This Period 5855.21	Outstanding Balance at Close of This Period 14646.48

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor GILLIS DATA & INFORMATION SERVICES, LLC	Nature of Debt (Purpose): DATA PROCESSING
Mailing Address 8990 WESTCHESTER DRIVE	
City State ZIP Code MANASSAS VA 20112	

Outstanding Balance Beginning This Period 2225.00	<b>Transaction ID:</b> SD10.40717	
Amount Incurred This Period 2585.00	Payment This Period 2225.00	Outstanding Balance at Close of This Period 2585.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor LITHOTECH	Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR AAI
Mailing Address 2020 N 22ND AVE	
City State ZIP Code PHOENIX AZ 85009	

Outstanding Balance Beginning This Period 2058.00	<b>Transaction ID:</b> SD10.40719	
Amount Incurred This Period 3113.25	Payment This Period 2058.00	Outstanding Balance at Close of This Period 3113.25

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	20344.73
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> MDI IMAGING & MAIL			Nature of Debt (Purpose): MAILHOUSE - DIRECT MAIL FUNDRAISING
Mailing Address 21721-A FILIGREE CT			
City ASHBURN	State VA	ZIP Code 20147	

Outstanding Balance Beginning This Period 6615.05		<b>Transaction ID: SD10.11520</b>	
Amount Incurred This Period 31482.39	Payment This Period 26417.46	Outstanding Balance at Close of This Period 11679.98	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> OMEGA LIST COMPANY			Nature of Debt (Purpose): LIST RENTALS
Mailing Address 1420 SPRING HILL RD STE 490			
City MCLEAN	State VA	ZIP Code 22102	

Outstanding Balance Beginning This Period 20278.11		<b>Transaction ID: SD10.11521</b>	
Amount Incurred This Period 37078.08	Payment This Period 21610.61	Outstanding Balance at Close of This Period 35745.58	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> PREMIER FULFILLMENT & PROCESSING INC			Nature of Debt (Purpose): CAGING & ESCROW
Mailing Address 4841 DILLON DR			
City PUEBLO	State CO	ZIP Code 81008	

Outstanding Balance Beginning This Period 3771.42		<b>Transaction ID: SD10.11522</b>	
Amount Incurred This Period 6419.67	Payment This Period 3771.42	Outstanding Balance at Close of This Period 6419.67	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	53845.23
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> TRI-STATE ENVELOPE CORP			Nature of Debt (Purpose): PRINTING - DIRECT MAIL FU-NDRAISING
Mailing Address 6900 FAIGLE ROAD BOX 433			
City BELTSVILLE	State MD	ZIP Code 20705	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID: SD10.11523</b>	
Amount Incurred This Period 2843.40	Payment This Period 0.00	Outstanding Balance at Close of This Period 2843.40	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> WEST END PRINTING			Nature of Debt (Purpose): PRINTING - DIRECT MAIL FU-NDRAISING
Mailing Address 1619 SHERWOOD AVE			
City RICHMOND	State VA	ZIP Code 23220	

Outstanding Balance Beginning This Period 10000.00		<b>Transaction ID: SD10.11524</b>	
Amount Incurred This Period 12135.90	Payment This Period 10000.00	Outstanding Balance at Close of This Period 12135.90	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	14979.30
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	190932.68
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	900.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	191832.68