

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) X

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

5. Covering Period 07 01 2008 through 09 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer Electronically Filed by SCOTT B MACKENZIE Date 07 30 2009

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

Table with 7 columns and 1 row for Office Use Only

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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		2470.13
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	2836.44									
(c) Total Receipts (from Line 19)	59678.75	169628.36								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	62515.19	172098.49								
7. Total Disbursements (from Line 31)	61528.67	171111.97								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	986.52	986.52								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	7602.79									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	11350.00	20343.00
(ii) Unitemized	36748.75	109262.44
(iii) TOTAL (add Lines 11(a)(i) and (ii)	48098.75	129605.44
(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)	48098.75	129605.44
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)	826.00	2802.61
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	10754.00	37220.31
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))	59678.75	169628.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	59678.75	169628.36

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	61528.67	166111.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	61528.67	166111.97
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	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	5000.00
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))..	61528.67	171111.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61528.67	171111.97

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	48098.75	129605.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48098.75	129605.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	61528.67	166111.97
37. Offsets to Operating Expenditures (from Line 15, page 3)	826.00	2802.61
38. Net Operating Expenditures (subtract Line 37 from Line 36)	60702.67	163309.36

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

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

FOR LINE NUMBER: PAGE 6 / 40
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MR EDWARD ADAM 975
Mailing Address 1200 MIRA MAR AVE APT 204
City MEDFORD State OR Zip Code 97504
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 ▼ 350.00
Date of Receipt 09 / 09 / 2008
Transaction ID: SA11AI.50033
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
MS BARBARA B BAKER 840
Mailing Address 9735 S 500 W
City SANDY State UT Zip Code 84070
FEC ID number of contributing federal political committee. **C**
Name of Employer CHALLENGER SCHOOL Occupation ADMINISTRATOR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 08 / 26 / 2008
Transaction ID: SA11AI.50129
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
DR ALLAN H BARKER 841
Mailing Address 2690 ROXBURY CIRCLE
City SALT LAKE CITY State UT Zip Code 84108
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 ▼ 250.00
Date of Receipt 08 / 05 / 2008
Transaction ID: SA11AI.50139
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 1300.00
TOTAL This Period (last page this line number only) ►

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 40
(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 MARY J BENSON 498
Mailing Address 4493 M RD
City ESCANABA State MI Zip Code 49829
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 08 / 04 / 2008
Transaction ID: SA11AI.50189
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
BRIAN BEUKERS 840
Mailing Address 2292 S 1520 W
City SYRACUSE State UT Zip Code 84075
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
UTILITY TRAILER CO MECHANIC
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 08 / 11 / 2008
Transaction ID: SA11AI.50207
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
MS MARGARET BRENTON 809
Mailing Address 730 N 24TH ST
City COLORADO SPRINGS State CO Zip Code 80904
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 ▼ 325.00
Date of Receipt 09 / 15 / 2008
Transaction ID: SA11AI.50277
Amount of Each Receipt this Period 225.00

SUBTOTAL of Receipts This Page (optional) ► 525.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 40
(check only one)

<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 DAVID H BURROWS 240

Mailing Address 2301 STANLEY AVE SE

City State Zip Code
ROANOKE VA 24014

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 ▼ **295.00**

Date of Receipt
M M / D D / Y Y Y Y Y
07 14 2008

Transaction ID: SA11AI.50316

Amount of Each Receipt this Period
120.00

B. Full Name (Last, First, Middle Initial)
MRS DOROTHY Q BURSEY 273

Mailing Address 3067 BOURBON ST

City State Zip Code
SANFORD NC 27332

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y
08 11 2008

Transaction ID: SA11AI.50317

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
MRS LOULIE D CANADY 265

Mailing Address 127 JACKSON AVE SOUTH PARK

City State Zip Code
MORGANTOWN WV 26501

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 ▼ **325.00**

Date of Receipt
M M / D D / Y Y Y Y Y
07 07 2008

Transaction ID: SA11AI.50335

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional) **495.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 40
(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 FREDDA CHAPMAN 770

Mailing Address 11519 ATWELL DR

City HOUSTON State TX Zip Code 77035

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 ▼ 345.00

Date of Receipt: 07 / 07 / 2008
Transaction ID: SA11AI.50357
Amount of Each Receipt this Period: 345.00

B. Full Name (Last, First, Middle Initial)
MRS MARJORIE DAVIS 043

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 RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt: 07 / 16 / 2008
Transaction ID: SA11AI.50483
Amount of Each Receipt this Period: 1800.00

C. Full Name (Last, First, Middle Initial)
MR H DUNLAP 230

Mailing Address 989 SHOOTING BOX RD

City KING WILLIAM State VA Zip Code 23086

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 09 / 2008
Transaction ID: SA11AI.50586
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 2245.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 40
(check only one)

<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 H DUNLAP 230

Mailing Address 989 SHOOTING BOX RD

City KING WILLIAM State VA Zip Code 23086

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: 08 / 01 / 2008
Transaction ID: SA11AI.50585
 Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
MR BREWSTER J DURKEE 322

Mailing Address 5027 RIVER POINT RD

City JACKSONVILLE State FL Zip Code 32207

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 ▼ 800.00

Date of Receipt: 07 / 23 / 2008
Transaction ID: SA11AI.50594
 Amount of Each Receipt this Period: 200.00

C.

Full Name (Last, First, Middle Initial)
MR BREWSTER J DURKEE 322

Mailing Address 5027 RIVER POINT RD

City JACKSONVILLE State FL Zip Code 32207

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 ▼ 825.00

Date of Receipt: 07 / 23 / 2008
Transaction ID: SA11AI.50595
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 275.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 40

(check only one)

<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 BREWSTER J DURKEE 322

Mailing Address 5027 RIVER POINT RD

City State Zip Code
JACKSONVILLE FL 32207

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 ▼ 1025.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.50593

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
MR CLIFFORD EHMKE 773

Mailing Address 121 GREEN PASTURE RD

City State Zip Code
SHEPHERD TX 77371

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

Name of Employer Occupation
USPS CLERK

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

Date of Receipt

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

Transaction ID: SA11AI.50620

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)
MR HARRY C FLEMING 570

Mailing Address 1101 1ST ST

City State Zip Code
SPRINGFIELD SD 57062

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.50691

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

475.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 40
(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 HARRY C FLEMING 570
Mailing Address 1101 1ST ST
City SPRINGFIELD State SD Zip Code 57062
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00
Date of Receipt 09 / 30 / 2008
Transaction ID: SA11AI.50690
Amount of Each Receipt this Period 60.00

B. Full Name (Last, First, Middle Initial)
L R FRENCH 797
Mailing Address PO BOX 11327
City MIDLAND State TX Zip Code 79702
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation INDEPENDENT OIL OPERATOR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 07 / 29 / 2008
Transaction ID: SA11AI.50730
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
MRS JULIA FRY 815
Mailing Address 998 21 1/2 RD
City GRAND JUNCTION State CO Zip Code 81505
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 09 / 09 / 2008
Transaction ID: SA11AI.50741
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 1260.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 40
(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 FRANKLIN W GIBSON 926

Mailing Address 17602 SAMPSON LN
STE. B

City State Zip Code
HUNTINGTON BEACH CA 92647

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2008

Transaction ID: SA11AI.50781

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR FRANKLIN W GIBSON 926

Mailing Address 17602 SAMPSON LN
STE. B

City State Zip Code
HUNTINGTON BEACH CA 92647

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
09 / 09 / 2008

Transaction ID: SA11AI.50780

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
T HABECKER 986

Mailing Address 111 SE 98TH AVE

City State Zip Code
VANCOUVER WA 98664

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 ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2008

Transaction ID: SA11AI.50855

Amount of Each Receipt this Period
200.00

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 14 / 40

(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 ALICE HEINEY 112

Mailing Address 126 E 73RD ST
SECOND FLOOR

City State Zip Code
BROOKLYN NY 11234

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2008

Transaction ID: SA11AI.50914

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
MRS DORIS T HENDRICKS 212

Mailing Address 8810 WALTHER BLVD APT 2229

City State Zip Code
PARKVILLE MD 21234

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 ▼
350.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2008

Transaction ID: SA11AI.50933

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
MS CAROL E HENNEMAN 910

Mailing Address 500 VENADO VISTA DR

City State Zip Code
LA CANADA CA 91011

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.50937

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ▶

400.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 40
(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 DOROTHY JENNEY 025

Mailing Address 70 LANDFALL

City State Zip Code
FALMOUTH MA 02540

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2008

Transaction ID: SA11AI.51078

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MR WALTER H KLEINER 980

Mailing Address 1725 89TH PL N E

City State Zip Code
CLYDE HILL WA 98004

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 ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2008

Transaction ID: SA11AI.51186

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MRS JANE B LAIRD 198

Mailing Address 4031 KENNETT PIKE APT 163

City State Zip Code
WILMINGTON DE 19807

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 206.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2008

Transaction ID: SA11AI.51242

Amount of Each Receipt this Period
90.00

SUBTOTAL of Receipts This Page (optional) ▶ **440.00**

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 16 / 40
	<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 MARCIA P LANE 397	Date of Receipt MM / DD / YYYY 08 / 04 / 2008
	Mailing Address 1449 W LINDSEY FERRY RD	Transaction ID: SA11AI.51253
	City State Zip Code COLUMBUS MS 39701	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF EMPLOYED INVESTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B.	Full Name (Last, First, Middle Initial) MRS WILLIAM F MC GUIRE 672	Date of Receipt MM / DD / YYYY 09 / 03 / 2008
	Mailing Address 8725 STONERIDGE ST	Transaction ID: SA11AI.51433
	City State Zip Code WICHITA KS 67206	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

C.	Full Name (Last, First, Middle Initial) MR HARVEY MILLER 600	Date of Receipt MM / DD / YYYY 08 / 05 / 2008
	Mailing Address 1538 BRAE BURN DR	Transaction ID: SA11AI.51497
	City State Zip Code RIVERWOODS IL 60015	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NONE RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	850.00
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 / 40
(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 JOSEPH H MOORE 853

Mailing Address PO BOX 5132

City State Zip Code
SUN CITY WEST AZ 85376

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2008

Transaction ID: SA11AI.51518

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MRS THERESA MURRAY 800

Mailing Address 569 W ARROWHEAD ST

City State Zip Code
LOUISVILLE CO 80027

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2008

Transaction ID: SA11AI.51559

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR GEORGE NASWORTHY 322

Mailing Address 4312 FLEET LANDING BLVD

City State Zip Code
ATLANTIC BEACH FL 32233

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 ▼ 290.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2008

Transaction ID: SA11AI.51576

Amount of Each Receipt this Period
240.00

SUBTOTAL of Receipts This Page (optional) ▶ 490.00

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 / 40
	<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 WILMA NIXON 440	Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address 8701 MAYFIELD RD LOT 121	Transaction ID: SA11AI.51612
	City State Zip Code CHESTERLAND OH 44026	Amount of Each Receipt this Period 185.00
	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 ▼ 370.00	

B.	Full Name (Last, First, Middle Initial) DR RUSHTON PATTERSON 381, JR	Date of Receipt MM / DD / YYYY 07 / 07 / 2008
	Mailing Address 44 S FRONT ST APT 3B	Transaction ID: SA11AI.51669
	City State Zip Code MEMPHIS TN 38103	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.	Full Name (Last, First, Middle Initial) KRISTIN QUINN 911	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 384 S BONNIE AVE	Transaction ID: SA11AI.51776
	City State Zip Code PASADENA CA 91106	Amount of Each Receipt this Period 300.00
	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 ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	710.00
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 19 / 40
(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 ANTHONY H RYAN 037

Mailing Address 393 DORCHESTER RD

City LYME State NH Zip Code 03768

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 ▼ 1000.00

Date of Receipt: 08 / 12 / 2008
Transaction ID: SA11AI.51909
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
MR JOHN F SHELDON 952

Mailing Address 1100 S TUXEDO AVE

City STOCKTON State CA Zip Code 95204

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: 09 / 09 / 2008
Transaction ID: SA11AI.52012
 Amount of Each Receipt this Period: 150.00

C. Full Name (Last, First, Middle Initial)
MR ROY J STARRAK 768

Mailing Address 7133 US HIGHWAY 84

City COLEMAN State TX Zip Code 76834

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

Name of Employer NONE Occupation SELF EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 15 / 2008
Transaction ID: SA11AI.52137
 Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ► 850.00

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 20 / 40
	<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) DR PETER STRUDWICK 922		Date of Receipt	
	Mailing Address P O BOX 639		M M / D D / Y Y Y Y 08 / 08 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.52160
	BLYTHE	CA	92226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		200.00	
Name of Employer		Occupation		
		DOCTOR		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		230.00		
<input type="checkbox"/> Other (specify) ▼				

B.	Full Name (Last, First, Middle Initial) MR JOHN S WELLES 462		Date of Receipt	
	Mailing Address 4110 UNITED CHURCH DR		M M / D D / Y Y Y Y 07 / 09 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.52363
	INDIANAPOLIS	IN	46237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		200.00	
Name of Employer		Occupation		
NONE		RETIRED		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		300.00		
<input type="checkbox"/> Other (specify) ▼				

C.	Full Name (Last, First, Middle Initial) MRS GRACE E WILSON 633		Date of Receipt	
	Mailing Address 1622 POLAR DR		M M / D D / Y Y Y Y 08 / 12 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.52432
	WENTZVILLE	MO	63385	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		60.00	
Name of Employer		Occupation		
NONE		RETIRED		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		220.00		
<input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional)	▶	460.00
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 21 / 40
	(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 TIM D WORD 781		Date of Receipt
Mailing Address P O BOX 310330		<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 09 / 09 / 2008
City	State	Zip Code
NEW BRAUNFELS	TX	78131
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.52457
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 25.00
Name of Employer DEAN WORD CO	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 225.00	

B.

Full Name (Last, First, Middle Initial) MS MARILYN ZAKLAN 950		Date of Receipt
Mailing Address 14500 FRUITVALE AVE APT 4106		<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 09 / 09 / 2008
City	State	Zip Code
SARATOGA	CA	95070
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.52477
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 200.00
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 ▼	
	<input type="text"/> 400.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 225.00
TOTAL This Period (last page this line number only)	<input type="text"/> 11350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 40
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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) MDI IMAGING & MAIL		Date of Receipt
	Mailing Address 21721-A FILIGREE CT		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	ASHBURN	VA	20147
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA15.50032 Amount of Each Receipt this Period <input type="text" value="826.00"/> OVERPAYMENT REFUND
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="826.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="826.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="826.00"/>

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

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

FOR LINE NUMBER: PAGE 23 / 40
(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)
OMEGA LIST COMPANY

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
34101.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	8

Transaction ID: SA17.50029

Amount of Each Receipt this Period
7635.00

LIST RENTAL INCOME

B. Full Name (Last, First, Middle Initial)
OMEGA LIST COMPANY

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35597.31

Date of Receipt

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

Transaction ID: SA17.50030

Amount of Each Receipt this Period
1496.00

LIST RENTAL INCOME

C. Full Name (Last, First, Middle Initial)
OMEGA LIST COMPANY

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37220.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	8

Transaction ID: SA17.50031

Amount of Each Receipt this Period
1623.00

LIST RENTAL INCOME

SUBTOTAL of Receipts This Page (optional) ► **10754.00**

TOTAL This Period (last page this line number only) ► **10754.00**

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.52533 Date of Disbursement 07 / 31 / 2008
	Mailing Address 2029 VERDUGO BLVD #1020	Amount of Each Disbursement this Period 1000.00
	City MONTROSE State CA Zip Code 91020	
	Purpose of Disbursement CONSULTING - PAC DIRECTOR	001 Category/Type
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	
	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) ALLEN BRANDSTATER	Transaction ID: SB21B.52534 Date of Disbursement 08 / 31 / 2008
	Mailing Address 2029 VERDUGO BLVD #1020	Amount of Each Disbursement this Period 1000.00
	City MONTROSE State CA Zip Code 91020	
	Purpose of Disbursement CONSULTING - PAC DIRECTOR	001 Category/Type
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	
	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) ALLEN BRANDSTATER	Transaction ID: SB21B.52535 Date of Disbursement 09 / 30 / 2008
	Mailing Address 2029 VERDUGO BLVD #1020	Amount of Each Disbursement this Period 1000.00
	City MONTROSE State CA Zip Code 91020	
	Purpose of Disbursement CONSULTING - PAC DIRECTOR	001 Category/Type
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	
	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:	

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.52498 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<input type="text" value="738.83"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<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) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.52499 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<input type="text" value="3071.19"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<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) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.52500 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<input type="text" value="5500.00"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<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)	<input type="text" value="9310.02"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.52501 Date of Disbursement																			
	Mailing Address 1420 SPRING HILL RD STE 490	<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>8</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	2		2	0	0	8												
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<table border="1"><tr><td>4000.37</td></tr></table>	4000.37																		
4000.37																					
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	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) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.52502 Date of Disbursement																			
	Mailing Address 1420 SPRING HILL RD STE 490	<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>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<table border="1"><tr><td>1669.91</td></tr></table>	1669.91																		
1669.91																					
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	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) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.52503 Date of Disbursement																			
	Mailing Address 1420 SPRING HILL RD STE 490	<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>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	0	8												
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<table border="1"><tr><td>3376.72</td></tr></table>	3376.72																		
3376.72																					
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	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)	<table border="1"><tr><td>9047.00</td></tr></table>	9047.00
9047.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL RD STE 490 City MCLEAN State VA Zip Code 22102 Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC 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.52504 Date of Disbursement 09 / 15 / 2008
	Amount of Each Disbursement this Period 2620.91
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL RD STE 490 City MCLEAN State VA Zip Code 22102 Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC 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.52506 Date of Disbursement 09 / 22 / 2008
	Amount of Each Disbursement this Period 1190.00
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL RD STE 490 City MCLEAN State VA Zip Code 22102 Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC 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.52507 Date of Disbursement 09 / 29 / 2008
	Amount of Each Disbursement this Period 424.74
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4235.65
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<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>A.</p> <p>Full Name (Last, First, Middle Initial) ECG DATA CENTER</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.52508</p> <p>Date of Disbursement 07 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1135.59</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ECG DATA CENTER</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.52509</p> <p>Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 123.72</p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ECG DATA CENTER</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.52510</p> <p>Date of Disbursement 08 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1878.43</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3137.74

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.52511 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA PROCESSING	<input type="text" value="1278.67"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="001"/> 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) ECG DATA CENTER	Transaction ID: SB21B.52513 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA PROCESSING	<input type="text" value="1054.57"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="001"/> 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) ECG DATA CENTER	Transaction ID: SB21B.52514 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA PROCESSING	<input type="text" value="395.61"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="001"/> 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

A.	Full Name (Last, First, Middle Initial) ECG DATA CENTER	Transaction ID: SB21B.52515 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA PROCESSING	<input type="text" value="267.36"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="001"/> 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) ECG DATA CENTER	Transaction ID: SB21B.52512 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA PROCESSING	<input type="text" value="430.27"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="001"/> 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.52493 Date of Disbursement
	Mailing Address 21721-A FILIGREE CT	<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<input type="text" value="1496.63"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<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)	<input type="text" value="2194.26"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL Mailing Address 21721-A FILIGREE CT City ASHBURN State VA Zip Code 20147 Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC 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.52494 Date of Disbursement 07 / 22 / 2008
	Amount of Each Disbursement this Period 1398.84
B. Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL Mailing Address 21721-A FILIGREE CT City ASHBURN State VA Zip Code 20147 Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC 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.52495 Date of Disbursement 07 / 28 / 2008
	Amount of Each Disbursement this Period 984.26
C. Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL Mailing Address 21721-A FILIGREE CT City ASHBURN State VA Zip Code 20147 Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC 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.52496 Date of Disbursement 08 / 12 / 2008
	Amount of Each Disbursement this Period 808.19

SUBTOTAL of Disbursements This Page (optional) ▶

3191.29

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 40

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

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

A. Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL Mailing Address 21721-A FILIGREE CT City ASHBURN State VA Zip Code 20147 Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC 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.52497 Date of Disbursement 09 / 22 / 2008
	Amount of Each Disbursement this Period 1612.00
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY Mailing Address 1420 SPRING HILL RD STE 490 City MCLEAN State VA Zip Code 22102 Purpose of Disbursement LIST RENTALS Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC 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.52516 Date of Disbursement 08 / 18 / 2008
	Amount of Each Disbursement this Period 74.75
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY Mailing Address 1420 SPRING HILL RD STE 490 City MCLEAN State VA Zip Code 22102 Purpose of Disbursement LIST RENTALS Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC 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.52517 Date of Disbursement 09 / 15 / 2008
	Amount of Each Disbursement this Period 1278.58
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2965.33

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) OMEGA LIST COMPANY	Transaction ID: SB21B.52518 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement LIST RENTALS	<input type="text" value="130.87"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="003"/> 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:	

B.	Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC	Transaction ID: SB21B.52521 Date of Disbursement
	Mailing Address 4841 DILLON DR	<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City PUEBLO State CO Zip Code 81008	Amount of Each Disbursement this Period
	Purpose of Disbursement CAGING & ESCROW SERVICES	<input type="text" value="727.44"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="001"/> 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:	

C.	Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC	Transaction ID: SB21B.52522 Date of Disbursement
	Mailing Address 4841 DILLON DR	<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City PUEBLO State CO Zip Code 81008	Amount of Each Disbursement this Period
	Purpose of Disbursement CAGING & ESCROW SERVICES	<input type="text" value="1572.11"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="001"/> 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:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2430.42"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC	Transaction ID: SB21B.52523
	Mailing Address 4841 DILLON DR	Date of Disbursement MM / DD / YYYY 07 / 21 / 2008
	City PUEBLO State CO Zip Code 81008	Amount of Each Disbursement this Period 113.72
	Purpose of Disbursement CAGING & ESCROW SERVICES Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	001 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:	

B.	Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC	Transaction ID: SB21B.52524
	Mailing Address 4841 DILLON DR	Date of Disbursement MM / DD / YYYY 07 / 21 / 2008
	City PUEBLO State CO Zip Code 81008	Amount of Each Disbursement this Period 255.01
	Purpose of Disbursement CAGING & ESCROW SERVICES Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	001 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:	

C.	Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC	Transaction ID: SB21B.52525
	Mailing Address 4841 DILLON DR	Date of Disbursement MM / DD / YYYY 08 / 12 / 2008
	City PUEBLO State CO Zip Code 81008	Amount of Each Disbursement this Period 552.63
	Purpose of Disbursement CAGING & ESCROW SERVICES Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	001 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:	

SUBTOTAL of Disbursements This Page (optional)	921.36
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 SERVICES

001
Category/
Type

Candidate Name
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.52526
Date of Disbursement

09 / 22 / 2008

Amount of Each Disbursement this Period

357.40

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

Mailing Address 1420 SPRING HILL RD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

003
Category/
Type

Candidate Name
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.52527
Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

2000.00

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

Mailing Address 1420 SPRING HILL RD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

003
Category/
Type

Candidate Name
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB21B.52528
Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

4800.00

SUBTOTAL of Disbursements This Page (optional) ▶

7157.40

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<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) RPALP <hr/> Mailing Address 1420 SPRING HILL RD <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC <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.52529 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 48.00
	<input type="text" value="003"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) RPALP <hr/> Mailing Address 1420 SPRING HILL RD <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC <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.52530 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2009.70
	<input type="text" value="003"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RPALP <hr/> Mailing Address 1420 SPRING HILL RD <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC <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.52531 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 3354.21
	<input type="text" value="003"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5411.91

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 37 / 40

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

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

A. Full Name (Last, First, Middle Initial) RPALP Mailing Address 1420 SPRING HILL RD City MCLEAN State VA Zip Code 22102 Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC 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.52532 Date of Disbursement 08 / 12 / 2008
	Amount of Each Disbursement this Period 3984.45 Category/Type 003
B. Full Name (Last, First, Middle Initial) RST MARKETING Mailing Address 1272 CORPORATE PARK RD City FOREST State VA Zip Code 24551 Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC 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.52520 Date of Disbursement 07 / 22 / 2008
	Amount of Each Disbursement this Period 1759.99 Category/Type 003

SUBTOTAL of Disbursements This Page (optional) ▶

5744.44

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

61475.67

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

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

Transaction ID: SC/10.31059

LOAN SOURCE Full Name (Last, First, Middle Initial)
ALLEN BRANDSTATER

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 2029 VERDUGO BLVD
#1020

City MONTROSE State CA ZIP Code 91020

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	4165.00	835.00

TERMS

Date Incurred: MM 04 DD 04 YYYY 2007
 Date Due: UPON DEMAND
 Interest Rate: 0.0000 % (apr)
 Secured: Yes 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: []

SUBTOTALS This Period This Page (optional)	▶	835.00
TOTALS This Period (last page in this line only)	▶	835.00

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

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.31121	
23071.81			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	22592.67	479.14	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CATTERTON PRINTING INC			Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR AAI
Mailing Address 100 POST OFFICE ROAD			
City WALDORF	State MD	ZIP Code 20602	

Outstanding Balance Beginning This Period		Transaction ID: SD10.30997	
5109.88			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	5109.88	

C. 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 MCLEAN	State VA	ZIP Code 22102	

Outstanding Balance Beginning This Period		Transaction ID: SD10.31126	
7742.89			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	6564.22	1178.67	

1) SUBTOTALS This Period This Page (optional).....	▶	6767.69
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) 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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MDI IMAGING & MAIL

Nature of Debt (Purpose):
DIRECT MAIL FUNDRAISING FOR AAI

Mailing Address 21721-A FILIGREE CT

City State ZIP Code
ASHBURN VA 20147

Outstanding Balance Beginning This Period

3640.55

Transaction ID: SD10.31018

Amount Incurred This Period

2659.37

Payment This Period

6299.92

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
OMEGA LIST COMPANY

Nature of Debt (Purpose):
LIST RENTALS

Mailing Address 1420 SPRING HILL RD
STE 490

City State ZIP Code
MCLEAN VA 22102

Outstanding Balance Beginning This Period

1484.30

Transaction ID: SD10.31130

Amount Incurred This Period

0.00

Payment This Period

1484.20

Outstanding Balance at Close of This Period

0.10

1) SUBTOTALS This Period This Page (optional).....	▶	0.10
2) TOTALS This Period (last page this line number only).....	▶	6767.79
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	835.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	7602.79