

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 01 01 2007 through 06 30 2007

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 JOHN W LEUTHOLD

Signature of Treasurer Electronically Filed by JOHN W LEUTHOLD Date 07 29 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		29643.66
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	29643.66									
(c) Total Receipts (from Line 19)	400259.72	400259.72								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	429903.38	429903.38								
7. Total Disbursements (from Line 31)	382088.32	382088.32								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	47815.06	47815.06								
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)	136470.34									

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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	26560.00	26560.00
(i) Itemized (use Schedule A)	335696.55	335696.55
(ii) Unitemized	362256.55	362256.55
(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)	362256.55	362256.55
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	5000.00	5000.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1975.62	1975.62
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	31027.55	31027.55
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))	400259.72	400259.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	400259.72	400259.72

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	375305.32	375305.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	375305.32	375305.32
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.....	833.00	833.00
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.....	5950.00	5950.00
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))..	382088.32	382088.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	382088.32	382088.32

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	362256.55	362256.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	362256.55	362256.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	375305.32	375305.32
37. Offsets to Operating Expenditures (from Line 15, page 3)	1975.62	1975.62
38. Net Operating Expenditures (subtract Line 37 from Line 36)	373329.70	373329.70

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 99
	<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)
MR ROBERT J ALLISON 770, JR

Mailing Address 6116 BERMUDA DUNES DR

City HOUSTON State TX Zip Code 77069

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: SA11A1.4405

Amount of Each Receipt this Period
1000.00

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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	0	7

Transaction ID: SA11A1.5098

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MRS ANN S BAKER 926

Mailing Address 19191 HARVARD AVE APT 431 A

City IRVINE State CA Zip Code 92612

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

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	0	/	2	0	0	7

Transaction ID: SA11A1.5109

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 99
	<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

Full Name (Last, First, Middle Initial) A. MR DONALD BALLOU 057		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7	
Mailing Address 256 WEYBRIDGE ST		Transaction ID: SA11A1.5173	
City MIDDLEBURY	State VT	Zip Code 05753	Amount of Each Receipt this Period 50.00
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 ▼ 202.00	

Full Name (Last, First, Middle Initial) B. MR DONALD BALLOU 057		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address 256 WEYBRIDGE ST		Transaction ID: SA11A1.5171	
City MIDDLEBURY	State VT	Zip Code 05753	Amount of Each Receipt this Period 35.00
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 ▼ 237.00	

Full Name (Last, First, Middle Initial) C. DR ALLAN BARKER 841		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7	
Mailing Address 2690 ROXBURY CIRCLE		Transaction ID: SA11A1.5260	
City SALT LAKE CITY	State UT	Zip Code 84108	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation DOCTOR	
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) ▶	235.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 99
	<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)
MR ROBERT BOUGHTON 930, JR

Mailing Address 3449 PADARO LN

City State Zip Code
CARPINTERIA CA 93013

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.6638

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR ROBERT BOUGHTON 930, JR

Mailing Address 3449 PADARO LN

City State Zip Code
CARPINTERIA CA 93013

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.6639

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MS GERALDINE BRANOM 754

Mailing Address 1310 ALDRIDGE ST

City State Zip Code
COMMERCE TX 75428

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.6898

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)	▶	1015.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 99
	<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 GERALDINE BRANOM 754

Mailing Address 1310 ALDRIDGE ST

City State Zip Code
COMMERCE TX 75428

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
05 / 30 / 2007

Transaction ID: SA11A1.6900

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
MS MARY R BRIDGES 324

Mailing Address 136 CORONADO ST

City State Zip Code
PORT SAINT JOE FL 32456

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 ▼
205.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2007

Transaction ID: SA11A1.7006

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
MS MARY R BRIDGES 324

Mailing Address 136 CORONADO ST

City State Zip Code
PORT SAINT JOE FL 32456

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 ▼
240.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2007

Transaction ID: SA11A1.7007

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 99
(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 SUSAN BRUNOFF 175

Mailing Address 334 W CEDAR ST

City State Zip Code
NEW HOLLAND PA 17557

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
415.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2007

Transaction ID: SA11A1.7144

Amount of Each Receipt this Period
280.00

B. Full Name (Last, First, Middle Initial)
MRS SUSAN BRUNOFF 175

Mailing Address 334 W CEDAR ST

City State Zip Code
NEW HOLLAND PA 17557

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 18 / 2007

Transaction ID: SA11A1.7150

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
MRS SUSAN BRUNOFF 175

Mailing Address 334 W CEDAR ST

City State Zip Code
NEW HOLLAND PA 17557

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1010.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2007

Transaction ID: SA11A1.7147

Amount of Each Receipt this Period
560.00

SUBTOTAL of Receipts This Page (optional) ► **875.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 99
	(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

A. Full Name (Last, First, Middle Initial)
MR ROBERT BUNN 958

Mailing Address 1319 CARTER RD

City State Zip Code
SACRAMENTO CA 95864

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	0	7

Transaction ID: SA11A1.7289

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MR ROBERT BUNN 958

Mailing Address 1319 CARTER RD

City State Zip Code
SACRAMENTO CA 95864

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

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

Transaction ID: SA11A1.7288

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MS RUTH W BURKE 232

Mailing Address 2541 STRATFORD RD

City State Zip Code
RICHMOND VA 23225

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: SA11A1.7345

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 99
	<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

Full Name (Last, First, Middle Initial) A. MR MOIRA CASTLE 631		Date of Receipt M M / D D / Y Y Y Y 04 / 19 / 2007	
Mailing Address 13462 MASON VILLAGE CT		Transaction ID: SA11A1.7994	
City State Zip Code SAINT LOUIS MO 63131	Amount of Each Receipt this Period 225.00		
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 ▼ 410.00	

Full Name (Last, First, Middle Initial) B. MR MOIRA CASTLE 631		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2007	
Mailing Address 13462 MASON VILLAGE CT		Transaction ID: SA11A1.7996	
City State Zip Code SAINT LOUIS MO 63131	Amount of Each Receipt this Period 35.00		
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 ▼ 445.00	

Full Name (Last, First, Middle Initial) C. MR CHARLES CHANDLER 978		Date of Receipt M M / D D / Y Y Y Y 01 / 29 / 2007	
Mailing Address 17528 CHANDLER LN		Transaction ID: SA11A1.8109	
City State Zip Code BAKER CITY OR 97814	Amount of Each Receipt this Period 100.00		
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 ▼ 275.00	

SUBTOTAL of Receipts This Page (optional) ▶	360.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 99
(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 CHARLES CHANDLER 978

Mailing Address **17528 CHANDLER LN**

City **BAKER CITY** State **OR** Zip Code **97814**

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.8107

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR WILLIAM E CHILTON 761, 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 _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.8221

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR GEORGE C CLARK 070, JR

Mailing Address **22 GLADDING RD**

City **CALDWELL** State **NJ** Zip Code **07006**

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 ▼ **300.00**

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.8351

Amount of Each Receipt this Period
150.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 99
(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 PRUDENCE P CUTLER 060

Mailing Address 7 PRATTLING POND RD

City State Zip Code
FARMINGTON CT 06032

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
M M / D D / Y Y Y Y
06 / 18 / 2007

Transaction ID: SA11A1.9310

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
MR J ROBERT DAILEY 110

Mailing Address 13 STONE HILL DR N

City State Zip Code
NORTH HILLS NY 11030

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

Name of Employer Occupation
MORGAN & FINNEGAN RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 05 / 2007

Transaction ID: SA11A1.9358

Amount of Each Receipt this Period
500.00

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

Mailing Address 6 HUCKLEBERRY LN

City State Zip Code
AUGUSTA ME 04330

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 05 / 2007

Transaction ID: SA11A1.9498

Amount of Each Receipt this Period
450.00

SUBTOTAL of Receipts This Page (optional) ► **990.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 99		
	<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

Full Name (Last, First, Middle Initial) A. MRS MARJORIE DAVIS 043		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7	
Mailing Address 6 HUCKLEBERRY LN		Transaction ID: SA11A1.9500	
City AUGUSTA	State ME	Zip Code 04330	Amount of Each Receipt this Period 450.00
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 ▼ 900.00	

Full Name (Last, First, Middle Initial) B. MRS MARJORIE DAVIS 043		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7	
Mailing Address 6 HUCKLEBERRY LN		Transaction ID: SA11A1.9499	
City AUGUSTA	State ME	Zip Code 04330	Amount of Each Receipt this Period 500.00
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 ▼ 1400.00	

Full Name (Last, First, Middle Initial) C. MRS MARJORIE DAVIS 043		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address 6 HUCKLEBERRY LN		Transaction ID: SA11A1.9501	
City AUGUSTA	State ME	Zip Code 04330	Amount of Each Receipt this Period 200.00
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 ▼ 1600.00	

SUBTOTAL of Receipts This Page (optional) ▶	1150.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 99
	<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)
MR KENNETH L DOBSON 981

Mailing Address 525 NE 78TH ST

City State Zip Code
SEATTLE WA 98115

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 Y
06 / 21 / 2007

Transaction ID: SA11A1.10072

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MRS MARGARET DONOFRIO 321

Mailing Address 1336 WAYNE AVE

City State Zip Code
NEW SMYRNA BEACH FL 32168

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
05 / 29 / 2007

Transaction ID: SA11A1.10124

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR JAMES DOWNEY 940

Mailing Address 26000 NEWBRIDGE DR

City State Zip Code
LOS ALTOS CA 94022

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 Y
01 / 05 / 2007

Transaction ID: SA11A1.10235

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 99
	(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 SUZANNE F DUNBAR 452

Mailing Address 3500 DAVIS LANE

City State Zip Code
CINCINNATI OH 45237

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2007

Transaction ID: SA11A1.10365

Amount of Each Receipt this Period
200.00

B. 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 ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2007

Transaction ID: SA11A1.10473

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
DAVE EAVENSON 953

Mailing Address 8010 NORTHLAND RD

City State Zip Code
MANTECA CA 95336

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
06 / 22 / 2007

Transaction ID: SA11A1.10571

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 99		
	<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

A. Full Name (Last, First, Middle Initial)
MR THOMAS FAILS 802

Mailing Address 4101 E LOUISIANA AVE

City State Zip Code
DENVER CO 80246

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
219.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.11084

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR THOMAS FAILS 802

Mailing Address 4101 E LOUISIANA AVE

City State Zip Code
DENVER CO 80246

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
344.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 7

Transaction ID: SA11A1.11083

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
MRS EDITH FLEMINBERG 123

Mailing Address 805 LONDONDERRY RD

City State Zip Code
SCHENECTADY NY 12309

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.11553

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)	▶	260.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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

A. Full Name (Last, First, Middle Initial)
MRS IMOGENE FRESHOUR 795

Mailing Address 1107 N AVENUE H

City HASKELL State TX Zip Code 79521

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 18 / 2007

Transaction ID: SA11A1.11992

Amount of Each Receipt this Period
202.00

B. Full Name (Last, First, Middle Initial)
MR ARNOLD GARRISON 024

Mailing Address 181 PINE RIDGE RD

City WABAN State MA Zip Code 02468

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 ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 05 / 2007

Transaction ID: SA11A1.12351

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR ARNOLD GARRISON 024

Mailing Address 181 PINE RIDGE RD

City WABAN State MA Zip Code 02468

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
 M M / D D / Y Y Y Y
 02 / 02 / 2007

Transaction ID: SA11A1.12352

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1202.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 99
	(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 ARNOLD GARRISON 024

Mailing Address 181 PINE RIDGE RD

City WABAN State MA Zip Code 02468

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 ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2007

Transaction ID: SA11A1.12353

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
LISA GERMAINE 600

Mailing Address 1037 LANDWEHR RD

City NORTHBROOK State IL Zip Code 60062

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
02 / 27 / 2007

Transaction ID: SA11A1.12520

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
LISA GERMAINE 600

Mailing Address 1037 LANDWEHR RD

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 04 / 2007

Transaction ID: SA11A1.12523

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 99
	<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)
MR CAMERON GLIDEWELL 900

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 TELEVISION ENGINEER

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 1 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.12737

Amount of Each Receipt this Period
201.00

B. Full Name (Last, First, Middle Initial)
MR CAMERON GLIDEWELL 900

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 TELEVISION ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 1 / 2 0 0 7

Transaction ID: SA11A1.12739

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR RICHARD S GRIFFITH 705

Mailing Address P O BOX 91610

City State Zip Code
LAFAYETTE LA 70509

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

Name of Employer Occupation
SELF EMPLOYED INVESTOR

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 2 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.13253

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	351.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 99
	<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)
MR RICHARD S GRIFFITH 705

Mailing Address P O BOX 91610

City State Zip Code
LAFAYETTE LA 70509

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

Name of Employer Occupation
SELF EMPLOYED INVESTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 25 / 2007

Transaction ID: SA11A1.13254

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MRS CAROLYN HAMAN 453

Mailing Address 8917 S PALMER RD PO BOX 176

City State Zip Code
NEW CARLISLE OH 45344

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

Name of Employer Occupation
NONE RETIRED

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

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: SA11A1.13654

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR PAUL R HAMILTON 786

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

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

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 26 / 2007

Transaction ID: SA11A1.13691

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 99
(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)
TOM OR JANET HANDY 397

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 ▼
230.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2007

Transaction ID: SA11A1.13747

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
JOHN HARTFORD 945

Mailing Address 3644 TERRA GRANADA DR
APT 2A

City State Zip Code
WALNUT CREEK CA 94595

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

Name of Employer Occupation
DOCTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2007

Transaction ID: SA11A1.13982

Amount of Each Receipt this Period
70.00

C. Full Name (Last, First, Middle Initial)
TATNALL LEA HILLMAN 816

Mailing Address 504 W BLEEKER ST

City State Zip Code
ASPEN CO 81611

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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 05 / 2007

Transaction ID: SA11A1.14654

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1170.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 99		
	<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

Full Name (Last, First, Middle Initial) A. DR DARRELL J HOMAN 910		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2007	
Mailing Address 85 PALM HILL LN		Transaction ID: SA11A1.14972	
City State Zip Code BRADBURY CA 91010	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation DOCTOR Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. MR DON N HOWELL 300		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2007	
Mailing Address 1642 SILVER HILL RD		Transaction ID: SA11A1.15168	
City State Zip Code STONE MTN GA 30087	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. GRAYCE HUSMAN 953		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address 3400 S MILLS RD		Transaction ID: SA11A1.15417	
City State Zip Code GUSTINE CA 95322	Amount of Each Receipt this Period 105.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NONE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation RETIRED Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional) ▶	455.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 25 / 99
(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 BRUCE JACOBS 982

Mailing Address 1004 COMMERCIAL AVE # 157

City State Zip Code
ANACORTES WA 98221

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
0 2 / 2 1 / 2 0 0 7

Transaction ID: SA11A1.15610

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR WAYNE KARRICK 657

Mailing Address R R 1 BOX 1832

City State Zip Code
SELIGMAN MO 65745

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

Name of Employer Occupation
LONGRIDGE RANCH

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 1 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.16381

Amount of Each Receipt this Period
450.00

C. Full Name (Last, First, Middle Initial)
MR WAYNE KARRICK 657

Mailing Address R R 1 BOX 1832

City State Zip Code
SELIGMAN MO 65745

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

Name of Employer Occupation
LONGRIDGE RANCH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

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

Transaction ID: SA11A1.16382

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 99
(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 JANET C KIREKER 074

Mailing Address PO BOX 128

City State Zip Code
HO HO KUS NJ 07423

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
0 4 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.16876

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
MR OWEN A KNORR 895

Mailing Address 4535 LAKEWOOD CT

City State Zip Code
RENO NV 89509

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: SA11A1.17060

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR ARNOLD T LUSTER 900

Mailing Address 363 N HIGHLAND AVE

City State Zip Code
LOS ANGELES CA 90036

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.18642

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1650.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 99
	<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)
MR ARNOLD T LUSTER 900

Mailing Address 363 N HIGHLAND AVE

City State Zip Code
LOS ANGELES CA 90036

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 04 / 2007

Transaction ID: SA11A1.18641

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
MRS GLADYS P MACNAIR 916

Mailing Address 12510 HESBY ST

City State Zip Code
VALLEY VILLAGE CA 91607

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
M M / D D / Y Y Y Y Y
04 / 19 / 2007

Transaction ID: SA11A1.18776

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MRS GLADYS P MACNAIR 916

Mailing Address 12510 HESBY ST

City State Zip Code
VALLEY VILLAGE CA 91607

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
M M / D D / Y Y Y Y Y
06 / 01 / 2007

Transaction ID: SA11A1.18779

Amount of Each Receipt this Period
50.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 99
	<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 BETTY MARCOM 802

Mailing Address 6900 E GIRARD AVE # 107

City State Zip Code
DENVER CO 80224

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 18 / 2007

Transaction ID: SA11A1.19002

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR GUY MCBRIDE 802

Mailing Address 2615 OAK DR UNIT 13

City State Zip Code
LAKEWOOD CO 80215

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
06 / 21 / 2007

Transaction ID: SA11A1.19631

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR DAVID MC COSKER 945

Mailing Address 3155 SANTA MARIA DR

City State Zip Code
CONCORD CA 94518

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 07 / 2007

Transaction ID: SA11A1.19475

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 99
(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)
ELLA MAE MC GUIRE 672

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 ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 2007

Transaction ID: SA11A1.19546

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS SUSAN MUNDY 253

Mailing Address 4904 KANAWHA AVE S E

City State Zip Code
CHARLESTON WV 25304

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
M M / D D / Y Y Y Y
04 / 19 / 2007

Transaction ID: SA11A1.20947

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MRS WILMA NIXON 440

Mailing Address 8701 MAYFIELD RD LOT 121

City State Zip Code
CHESTERLAND OH 44026

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
322.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 19 / 2007

Transaction ID: SA11A1.21472

Amount of Each Receipt this Period
161.00

SUBTOTAL of Receipts This Page (optional) ► **386.00**

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

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

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

FOR LINE NUMBER: PAGE 30 / 99
(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 WILMA NIXON 440

Mailing Address 8701 MAYFIELD RD LOT 121

City State Zip Code
CHESTERLAND OH 44026

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
352.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 7

Transaction ID: SA11A1.21473

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
MRS WILMA NIXON 440

Mailing Address 8701 MAYFIELD RD LOT 121

City State Zip Code
CHESTERLAND OH 44026

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
387.00

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

Transaction ID: SA11A1.21474

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
MRS WILMA NIXON 440

Mailing Address 8701 MAYFIELD RD LOT 121

City State Zip Code
CHESTERLAND OH 44026

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
548.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.21475

Amount of Each Receipt this Period
161.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 99		
	<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

Full Name (Last, First, Middle Initial) A. MR RAY P ODEN 711, JR		Date of Receipt M M / D D / Y Y Y Y Y 06 / 20 / 2007	
Mailing Address 702 THORA BLVD		Transaction ID: SA11A1.21717	
City State Zip Code SHREVEPORT LA 71106	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) B. MR HERMAN R OSTROM 959		Date of Receipt M M / D D / Y Y Y Y Y 06 / 18 / 2007	
Mailing Address 25 CARTER RD		Transaction ID: SA11A1.21980	
City State Zip Code OROVILLE CA 95966	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1050.00		

Full Name (Last, First, Middle Initial) C. DR PETER PACKARD 940, MD		Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2007	
Mailing Address 720 SEABURY RD		Transaction ID: SA11A1.22071	
City State Zip Code BURLINGAME CA 94010	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer SELF EMPLOYED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation MEDICAL DOCTOR Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	2550.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 99
	<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)
RODNEY PICKING 681

Mailing Address 7433 IDLEDALE LN

City State Zip Code
OMAHA NE 68112

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.22740

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MRS JOAN PINCHUK 910

Mailing Address 5381 OCEAN VIEW BLVD

City State Zip Code
LA CANADA FLINTRID CA 91011

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
 M M / D D / Y Y Y Y
 0 5 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.22813

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
BRUCE POPE 282

Mailing Address 1226 GOODWIN AVE

City State Zip Code
CHARLOTTE NC 28205

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
 0 2 / 2 1 / 2 0 0 7

Transaction ID: SA11A1.23001

Amount of Each Receipt this Period
250.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 99		
	<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

A. Full Name (Last, First, Middle Initial) BRUCE POPE 282 Mailing Address 1226 GOODWIN AVE City CHARLOTTE State NC Zip Code 28205 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007 Transaction ID: SA11A1.22999 Amount of Each Receipt this Period 250.00
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) BRUCE POPE 282 Mailing Address 1226 GOODWIN AVE City CHARLOTTE State NC Zip Code 28205 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 04 / 17 / 2007 Transaction ID: SA11A1.23000 Amount of Each Receipt this Period 250.00
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 750.00	

C. Full Name (Last, First, Middle Initial) BRUCE POPE 282 Mailing Address 1226 GOODWIN AVE City CHARLOTTE State NC Zip Code 28205 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2007 Transaction ID: SA11A1.23002 Amount of Each Receipt this Period 250.00
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 99
	<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

Full Name (Last, First, Middle Initial) A. MR L RICHARDSON 068, JR		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 7 INDIAN SPRING RD		Transaction ID: SA11A1.23890	
City NORWALK State CT Zip Code 06853	Amount of Each Receipt this Period 500.00		
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) B. MR ROBERT G ROHWER 740		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 1700 HIDDEN OAKS		Transaction ID: SA11A1.24279	
City STILLWATER State OK Zip Code 74074	Amount of Each Receipt this Period 100.00		
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) C. MR JACK B RYAN 799		Date of Receipt M M / D D / Y Y Y Y 05 / 24 / 2007	
Mailing Address 6130 LOS FELINOS CIR		Transaction ID: SA11A1.24653	
City EL PASO State TX Zip Code 79912	Amount of Each Receipt this Period 500.00		
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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 35 / 99
(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 EDITH S RYDER 981

Mailing Address 11280 57TH AVE S

City State Zip Code
SEATTLE WA 98178

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
610.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 2007

Transaction ID: SA11A1.24661

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
MS EDITH S RYDER 981

Mailing Address 11280 57TH AVE S

City State Zip Code
SEATTLE WA 98178

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
640.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2007

Transaction ID: SA11A1.24662

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
MR H R SCHAD 100

Mailing Address 205 E 66TH ST APT 1A

City State Zip Code
NEW YORK NY 10021

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
02 / 22 / 2007

Transaction ID: SA11A1.24938

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **730.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 99
	<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)
ELIZABETH SCHAFFER 921

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2007

Transaction ID: SA11A1.24958

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ELIZABETH SCHAFFER 921

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 ▼ 1250.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2007

Transaction ID: SA11A1.24959

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR WALTER SHEK 608

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 Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2007

Transaction ID: SA11A1.25689

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)	▶	1285.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 99		
	<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

Full Name (Last, First, Middle Initial) A. MAGDALENA SPIEGLE 998		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2007	
Mailing Address PO BOX 385		Transaction ID: SA11A1.26628	
City SITKA	State AK	Zip Code 99835	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Aggregate Year-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) B. DONALD STONE 133		Date of Receipt M M / D D / Y Y Y Y 02 / 21 / 2007	
Mailing Address 1144 HARDCRABBLE RD		Transaction ID: SA11A1.27057	
City CASSVILLE	State NY	Zip Code 13318	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer US MILITARY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation OFFICER Aggregate Year-to-Date ▼ 219.00	

Full Name (Last, First, Middle Initial) C. DONALD STONE 133		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 1144 HARDCRABBLE RD		Transaction ID: SA11A1.27054	
City CASSVILLE	State NY	Zip Code 13318	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer US MILITARY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation OFFICER Aggregate Year-to-Date ▼ 244.00	

SUBTOTAL of Receipts This Page (optional) ▶	95.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 38 / 99
(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 DOROTHY SYLVER 111

Mailing Address 3364 21ST ST

City State Zip Code
ASTORIA NY 11106

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
0 5 / 1 1 / 2 0 0 7

Transaction ID: SA11A1.27429

Amount of Each Receipt this Period
120.00

B. Full Name (Last, First, Middle Initial)
MS DOROTHY SYLVER 111

Mailing Address 3364 21ST ST

City State Zip Code
ASTORIA NY 11106

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.27427

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
CAPT ALFRED TOULON 967

Mailing Address PO BOX 666

City State Zip Code
KOLOA HI 96756

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

Name of Employer Occupation
US MILITARY OFFICER

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 2 / 2 0 0 7

Transaction ID: SA11A1.28062

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **205.00**

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

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

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

FOR LINE NUMBER: PAGE 39 / 99
(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)
RODNEY B TRIMBLE 770

Mailing Address 601 MARSHALL

City State Zip Code
HOUSTON TX 77006

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2007

Transaction ID: SA11A1.28158

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
MR HAROLD S VAN BUREN 026

Mailing Address 22 HARBOR RD

City State Zip Code
HARWICH PORT MA 02646

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 29 / 2007

Transaction ID: SA11A1.28680

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR JACQUES VINMONT 334, JR

Mailing Address 21 ASPEN CT

City State Zip Code
BOYNTON BEACH FL 33436

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 ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 02 / 2007

Transaction ID: SA11A1.28924

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **385.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 99
	<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)
MRS MADONNA WALTISPERGER 781

Mailing Address 6462 F M 1144

City State Zip Code
KARNES CITY TX 78118

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 ▼ 225.00

Date of Receipt
06 / 18 / 2007

Transaction ID: SA11A1.29213

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR ROBERT D WELCHLI 482

Mailing Address 348 PROVENCAL RD

City State Zip Code
GROSSE POINTE FARM MI 48236

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

Name of Employer FILDEW HINKS Occupation ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 22 / 2007

Transaction ID: SA11A1.29558

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MARY ELIZABETH WHITE 329

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt
03 / 19 / 2007

Transaction ID: SA11A1.29739

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 99
	<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)
MRS BETTY WOLFE 761

Mailing Address 1600 TEXAS ST
APT 1611

City State Zip Code
FORT WORTH TX 76102

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 08 / 2007

Transaction ID: SA11A1.30298

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR WILLIAM L WRAY 752

Mailing Address 3132 CITATION DR

City State Zip Code
DALLAS TX 75229

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
06 / 08 / 2007

Transaction ID: SA11A1.30455

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
ROBERT ZAITLIN 900

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 Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2007

Transaction ID: SA11A1.30697

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	450.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 99
	(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)
ROBERT ZAITLIN 900

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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: SA11A1.30696

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
ROBERT ZAITLIN 900

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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

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

Transaction ID: SA11A1.30698

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MS MARILYN ZAKLAN 950

Mailing Address 14500 FRUITVALE AVE APT 4106

City State Zip Code
SARATOGA CA 95070

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
0	6	/	1	5	/	2	0	0	7

Transaction ID: SA11A1.30705

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 43 / 99	
	(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"/> 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)
LUCILLE ZANINOVICH 932

Mailing Address 706 UNION ST

City State Zip Code
DELANO CA 93215

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	6	/	0	1	/	2	0	0	7

Transaction ID: SA11A1.30718

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	26560.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 99
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input checked="" 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

A. Full Name (Last, First, Middle Initial)
ALLEN BRANDSTATER

Mailing Address 2029 VERDUGO BLVD
#1020

City State Zip Code
MONTROSE CA 91020

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	4	/	2	0	0	7

Transaction ID: SA13.31059

Amount of Each Receipt this Period
5000.00

PERSONAL LOAN

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	5000.00

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

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

FOR LINE NUMBER: PAGE 45 / 99
(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)
RST MARKETING

Mailing Address 1272 CORPORATE PARK RD

City State Zip Code
FOREST VA 24551

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
492.91

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 0 9 / 2 0 0 7

Transaction ID: SA15.30874

Amount of Each Receipt this Period
492.91

REFUND

B. Full Name (Last, First, Middle Initial)
RST MARKETING

Mailing Address 1272 CORPORATE PARK RD

City State Zip Code
FOREST VA 24551

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
964.31

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 2 3 / 2 0 0 7

Transaction ID: SA15.30875

Amount of Each Receipt this Period
471.40

REFUND

C. Full Name (Last, First, Middle Initial)
RST MARKETING

Mailing Address 1272 CORPORATE PARK RD

City State Zip Code
FOREST VA 24551

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1905.62

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 3 / 2 0 0 7

Transaction ID: SA15.30876

Amount of Each Receipt this Period
941.31

REFUND

SUBTOTAL of Receipts This Page (optional) ► **1905.62**

TOTAL This Period (last page this line number only) ► **1905.62**

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 99
	<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 type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 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 ▼
523.95

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 2 / 2 0 0 7

Transaction ID: SA17.30859

Amount of Each Receipt this Period
523.95

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 ▼
3482.65

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 7

Transaction ID: SA17.30860

Amount of Each Receipt this Period
2958.70

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 ▼
5366.37

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 1 / 2 0 0 7

Transaction ID: SA17.30861

Amount of Each Receipt this Period
1883.72

LIST RENTAL INCOME

SUBTOTAL of Receipts This Page (optional)	▶	5366.37
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 99
	<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 type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. OMEGA LIST COMPANY		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 7
Mailing Address 1420 SPRING HILL RD STE 490		Transaction ID: SA17.30862
City State Zip Code MCLEAN VA 22102	Amount of Each Receipt this Period 4393.65	
FEC ID number of contributing federal political committee. C	LIST RENTAL INCOME	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 9760.02	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. OMEGA LIST COMPANY		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1420 SPRING HILL RD STE 490		Transaction ID: SA17.30863
City State Zip Code MCLEAN VA 22102	Amount of Each Receipt this Period 1656.61	
FEC ID number of contributing federal political committee. C	LIST RENTAL INCOME	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 11416.63	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. OMEGA LIST COMPANY		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 7
Mailing Address 1420 SPRING HILL RD STE 490		Transaction ID: SA17.30864
City State Zip Code MCLEAN VA 22102	Amount of Each Receipt this Period 4626.16	
FEC ID number of contributing federal political committee. C	LIST RENTAL INCOME	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 16042.79	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	10676.42
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 99
	<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 type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. OMEGA LIST COMPANY		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 7
Mailing Address 1420 SPRING HILL RD STE 490		Transaction ID: SA17.30865
City State Zip Code MCLEAN VA 22102	Amount of Each Receipt this Period 2369.56	
FEC ID number of contributing federal political committee. C		LIST RENTAL INCOME
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 18412.35	

Full Name (Last, First, Middle Initial) B. OMEGA LIST COMPANY		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 7
Mailing Address 1420 SPRING HILL RD STE 490		Transaction ID: SA17.30866
City State Zip Code MCLEAN VA 22102	Amount of Each Receipt this Period 1787.26	
FEC ID number of contributing federal political committee. C		LIST RENTAL INCOME
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20199.61	

Full Name (Last, First, Middle Initial) C. OMEGA LIST COMPANY		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 1420 SPRING HILL RD STE 490		Transaction ID: SA17.30867
City State Zip Code MCLEAN VA 22102	Amount of Each Receipt this Period 1145.55	
FEC ID number of contributing federal political committee. C		LIST RENTAL INCOME
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 21345.16	

SUBTOTAL of Receipts This Page (optional) ▶	5302.37
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 99
	<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 type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. OMEGA LIST COMPANY		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 7	
Mailing Address 1420 SPRING HILL RD STE 490		Transaction ID: SA17.30868	
City State Zip Code MCLEAN VA 22102	Amount of Each Receipt this Period 469.13		
FEC ID number of contributing federal political committee. C		LIST RENTAL INCOME	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 21814.29		

Full Name (Last, First, Middle Initial) B. OMEGA LIST COMPANY		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 7	
Mailing Address 1420 SPRING HILL RD STE 490		Transaction ID: SA17.30869	
City State Zip Code MCLEAN VA 22102	Amount of Each Receipt this Period 5225.67		
FEC ID number of contributing federal political committee. C		LIST RENTAL INCOME	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 27039.96		

Full Name (Last, First, Middle Initial) C. OMEGA LIST COMPANY		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 1420 SPRING HILL RD STE 490		Transaction ID: SA17.30870	
City State Zip Code MCLEAN VA 22102	Amount of Each Receipt this Period 486.00		
FEC ID number of contributing federal political committee. C		LIST RENTAL INCOME	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 27525.96		

SUBTOTAL of Receipts This Page (optional) ▶	6180.80
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 99
	<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 type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. OMEGA LIST COMPANY		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 7	
Mailing Address 1420 SPRING HILL RD STE 490		Transaction ID: SA17.30871	
City State Zip Code MCLEAN VA 22102		Amount of Each Receipt this Period 994.64	
FEC ID number of contributing federal political committee. C		LIST RENTAL INCOME	
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 28520.60	

Full Name (Last, First, Middle Initial) B. OMEGA LIST COMPANY		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 7	
Mailing Address 1420 SPRING HILL RD STE 490		Transaction ID: SA17.30872	
City State Zip Code MCLEAN VA 22102		Amount of Each Receipt this Period 2506.95	
FEC ID number of contributing federal political committee. C		LIST RENTAL INCOME	
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 31027.55	

SUBTOTAL of Receipts This Page (optional)	3501.59
TOTAL This Period (last page this line number only)	31027.55

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

Full Name (Last, First, Middle Initial) A. ALLIED PRINTING RESOURCES		Transaction ID: SB21B.31022 Date of Disbursement																				
Mailing Address 455 WASHINGTON ST BOX 6506		<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>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	6		2	0	0	7													
City CARLSTADT	State NJ	Zip Code 07072																				
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL		<table border="1"><tr><td>003</td></tr></table>	003																			
003																						
Candidate Name		Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						
		Amount of Each Disbursement this Period <table border="1"><tr><td>1134.00</td></tr></table>	1134.00																			
1134.00																						

Full Name (Last, First, Middle Initial) B. BEST BUY		Transaction ID: SB21B.30912 Date of Disbursement																				
Mailing Address 2909 LOS FELIZ BLVD		<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>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	2		2	0	0	7													
City GLENDALE	State CA	Zip Code 90039																				
Purpose of Disbursement COMPUTER EQUIPMENT		<table border="1"><tr><td>001</td></tr></table>	001																			
001																						
Candidate Name		Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						
		Amount of Each Disbursement this Period <table border="1"><tr><td>573.71</td></tr></table>	573.71																			
573.71																						

Full Name (Last, First, Middle Initial) C. ALLEN BRANDSTATER		Transaction ID: SB21B.30939 Date of Disbursement																				
Mailing Address 2029 VERDUGO BLVD #1020		<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>1</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	4		2	0	0	7													
City MONTROSE	State CA	Zip Code 91020																				
Purpose of Disbursement CONSULTING - MANAGEMENT		<table border="1"><tr><td>001</td></tr></table>	001																			
001																						
Candidate Name		Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						
		Amount of Each Disbursement this Period <table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>2707.71</td></tr></table>	2707.71
2707.71		
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

Full Name (Last, First, Middle Initial) A. ALLEN BRANDSTATER		Transaction ID: SB21B.30940 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7
Mailing Address 2029 VERDUGO BLVD #1020		Amount of Each Disbursement this Period 500.00
City MONTROSE State CA Zip Code 91020		
Purpose of Disbursement CONSULTING - MANAGEMENT Candidate Name	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) ▼	

Full Name (Last, First, Middle Initial) B. ALLEN BRANDSTATER		Transaction ID: SB21B.30941 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 2029 VERDUGO BLVD #1020		Amount of Each Disbursement this Period 250.00
City MONTROSE State CA Zip Code 91020		
Purpose of Disbursement CONSULTING - MANAGEMENT Candidate Name	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) ▼	

Full Name (Last, First, Middle Initial) C. ALLEN BRANDSTATER		Transaction ID: SB21B.30942 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
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 - MANAGEMENT Candidate Name	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) ▶	1750.00
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

Full Name (Last, First, Middle Initial) A. ALLEN BRANDSTATER		Transaction ID: SB21B.30943 Date of Disbursement
Mailing Address 2029 VERDUGO BLVD #1020		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2007"/>
City MONTROSE	State CA	Zip Code 91020
Purpose of Disbursement CONSULTING - MANAGEMENT	<input type="text" value="001"/> 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:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. ALLEN BRANDSTATER		Transaction ID: SB21B.30944 Date of Disbursement
Mailing Address 2029 VERDUGO BLVD #1020		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
City MONTROSE	State CA	Zip Code 91020
Purpose of Disbursement CONSULTING - MANAGEMENT	<input type="text" value="001"/> 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:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. ALLEN BRANDSTATER		Transaction ID: SB21B.30945 Date of Disbursement
Mailing Address 2029 VERDUGO BLVD #1020		<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2007"/>
City MONTROSE	State CA	Zip Code 91020
Purpose of Disbursement CONSULTING - MANAGEMENT	<input type="text" value="001"/> 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:		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="995.16"/>
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

Full Name (Last, First, Middle Initial) A. ALLEN BRANDSTATER		Transaction ID: SB21B.30946 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address 2029 VERDUGO BLVD #1020		Amount of Each Disbursement this Period 700.00
City MONTROSE State CA Zip Code 91020		
Purpose of Disbursement CONSULTING - MANAGEMENT Candidate Name	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) ▼	

Full Name (Last, First, Middle Initial) B. ALLEN BRANDSTATER		Transaction ID: SB21B.30947 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 2029 VERDUGO BLVD #1020		Amount of Each Disbursement this Period 500.00
City MONTROSE State CA Zip Code 91020		
Purpose of Disbursement CONSULTING - MANAGEMENT Candidate Name	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) ▼	

Full Name (Last, First, Middle Initial) C. ALLEN BRANDSTATER		Transaction ID: SB21B.30948 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 2029 VERDUGO BLVD #1020		Amount of Each Disbursement this Period 413.51
City MONTROSE State CA Zip Code 91020		
Purpose of Disbursement CONSULTING - MANAGEMENT Candidate Name	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) ▶	1613.51
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)

<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

Full Name (Last, First, Middle Initial) A. ALLEN BRANDSTATER		Transaction ID: SB21B.30949 Date of Disbursement
Mailing Address 2029 VERDUGO BLVD #1020		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
City MONTROSE	State CA	Zip Code 91020
Purpose of Disbursement CONSULTING - MANAGEMENT	<input type="text" value="001"/> 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:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. ALLEN BRANDSTATER		Transaction ID: SB21B.30950 Date of Disbursement
Mailing Address 2029 VERDUGO BLVD #1020		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
City MONTROSE	State CA	Zip Code 91020
Purpose of Disbursement CONSULTING - MANAGEMENT	<input type="text" value="001"/> 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:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. ALLEN BRANDSTATER		Transaction ID: SB21B.30951 Date of Disbursement
Mailing Address 2029 VERDUGO BLVD #1020		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
City MONTROSE	State CA	Zip Code 91020
Purpose of Disbursement CONSULTING - MANAGEMENT	<input type="text" value="001"/> 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:		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1502.34"/>
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

Full Name (Last, First, Middle Initial) A. ALLEN BRANDSTATER		Transaction ID: SB21B.30952 Date of Disbursement
Mailing Address 2029 VERDUGO BLVD #1020		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
City MONTROSE	State CA	Zip Code 91020
Purpose of Disbursement CONSULTING - MANAGEMENT	<input type="text" value="001"/> 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:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. ALLEN BRANDSTATER		Transaction ID: SB21B.30953 Date of Disbursement
Mailing Address 2029 VERDUGO BLVD #1020		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2007"/>
City MONTROSE	State CA	Zip Code 91020
Purpose of Disbursement CONSULTING - MANAGEMENT	<input type="text" value="001"/> 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:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. ALLEN BRANDSTATER		Transaction ID: SB21B.30954 Date of Disbursement
Mailing Address 2029 VERDUGO BLVD #1020		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
City MONTROSE	State CA	Zip Code 91020
Purpose of Disbursement CONSULTING - MANAGEMENT	<input type="text" value="001"/> 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:		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2250.00"/>
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

Full Name (Last, First, Middle Initial) A. ALLEN BRANDSTATER		Transaction ID: SB21B.30955 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 2029 VERDUGO BLVD #1020		Amount of Each Disbursement this Period 1500.00
City MONTROSE State CA Zip Code 91020		
Purpose of Disbursement CONSULTING - MANAGEMENT Candidate Name		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) ▼	

Full Name (Last, First, Middle Initial) B. ALLEN BRANDSTATER		Transaction ID: SB21B.30956 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 2029 VERDUGO BLVD #1020		Amount of Each Disbursement this Period 1250.00
City MONTROSE State CA Zip Code 91020		
Purpose of Disbursement CONSULTING - MANAGEMENT Candidate Name		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) ▼	

Full Name (Last, First, Middle Initial) C. ALLEN BRANDSTATER		Transaction ID: SB21B.30957 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address 2029 VERDUGO BLVD #1020		Amount of Each Disbursement this Period 500.00
City MONTROSE State CA Zip Code 91020		
Purpose of Disbursement CONSULTING - MANAGEMENT Candidate Name		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) ▶	3250.00
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

Full Name (Last, First, Middle Initial) A. ALLEN BRANDSTATER		Transaction ID: SB21B.30958 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 2029 VERDUGO BLVD #1020		Amount of Each Disbursement this Period 2000.00
City MONTROSE State CA Zip Code 91020		
Purpose of Disbursement CONSULTING - MANAGEMENT Candidate Name	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) ▼	

Full Name (Last, First, Middle Initial) B. ALLEN BRANDSTATER		Transaction ID: SB21B.30959 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7	
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 - MANAGEMENT Candidate Name			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) ▼

Full Name (Last, First, Middle Initial) C. CAMPAIGN FUNDING DIRECT		Transaction ID: SB21B.31024 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7	
Mailing Address 1420 SPRING HILL RD STE 490		Amount of Each Disbursement this Period 777.24	
City MCLEAN State VA Zip Code 22102			
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name			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) ▶	3777.24
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial) A. CAMPAIGN FUNDING DIRECT		Transaction ID: SB21B.31025 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		<input type="text" value="003"/>
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="1079.82"/>	

Full Name (Last, First, Middle Initial) B. CAMPAIGN FUNDING DIRECT		Transaction ID: SB21B.31026 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		<input type="text" value="003"/>
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="2139.03"/>	

Full Name (Last, First, Middle Initial) C. CAMPAIGN FUNDING DIRECT		Transaction ID: SB21B.31027 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		<input type="text" value="003"/>
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="6222.69"/>	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9441.54"/>
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)

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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

Full Name (Last, First, Middle Initial) A. CAMPAIGN FUNDING DIRECT		Transaction ID: SB21B.31028 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="21"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		<input type="text" value="003"/>
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="2288.07"/>

Full Name (Last, First, Middle Initial) B. CAMPAIGN FUNDING DIRECT		Transaction ID: SB21B.31029 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		<input type="text" value="003"/>
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="2916.36"/>

Full Name (Last, First, Middle Initial) C. CAMPAIGN FUNDING DIRECT		Transaction ID: SB21B.31030 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="04"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		<input type="text" value="003"/>
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="11270.43"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="16474.86"/>
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

Full Name (Last, First, Middle Initial) A. CAMPAIGN FUNDING DIRECT		Transaction ID: SB21B.31031 Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2007
Mailing Address 1420 SPRING HILL RD STE 490		Amount of Each Disbursement this Period 4876.20
City MCLEAN State VA Zip Code 22102		
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:		

Full Name (Last, First, Middle Initial) B. CAMPAIGN FUNDING DIRECT		Transaction ID: SB21B.31032 Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2007
Mailing Address 1420 SPRING HILL RD STE 490		Amount of Each Disbursement this Period 3689.19
City MCLEAN State VA Zip Code 22102		
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:		

Full Name (Last, First, Middle Initial) C. CAMPAIGN FUNDING DIRECT		Transaction ID: SB21B.31033 Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2007
Mailing Address 1420 SPRING HILL RD STE 490		Amount of Each Disbursement this Period 7629.44
City MCLEAN State VA Zip Code 22102		
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:		

SUBTOTAL of Disbursements This Page (optional) ▶	16194.83
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

Full Name (Last, First, Middle Initial) A. CATTERTON PRINTING INC		Transaction ID: SB21B.31034 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7
Mailing Address 100 POST OFFICE ROAD		Amount of Each Disbursement this Period 6185.52
City WALDORF State MD Zip Code 20602	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) ▼	Category/Type 003

Full Name (Last, First, Middle Initial) B. CATTERTON PRINTING INC		Transaction ID: SB21B.31035 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address 100 POST OFFICE ROAD		Amount of Each Disbursement this Period 4985.80
City WALDORF State MD Zip Code 20602	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) ▼	Category/Type 003

Full Name (Last, First, Middle Initial) C. CATTERTON PRINTING INC		Transaction ID: SB21B.31036 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 100 POST OFFICE ROAD		Amount of Each Disbursement this Period 25114.00
City WALDORF State MD Zip Code 20602	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) ▼	Category/Type 003

SUBTOTAL of Disbursements This Page (optional) ▶	36285.32
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)

<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

Full Name (Last, First, Middle Initial) A. CATTERTON PRINTING INC		Transaction ID: SB21B.31037 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 100 POST OFFICE ROAD		Amount of Each Disbursement this Period 1443.00
City WALDORF State MD Zip Code 20602	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) ▼
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name		

Full Name (Last, First, Middle Initial) B. CATTERTON PRINTING INC		Transaction ID: SB21B.31038 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 7
Mailing Address 100 POST OFFICE ROAD		Amount of Each Disbursement this Period 6087.68
City WALDORF State MD Zip Code 20602	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) ▼
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name		

Full Name (Last, First, Middle Initial) C. CATTERTON PRINTING INC		Transaction ID: SB21B.31039 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 100 POST OFFICE ROAD		Amount of Each Disbursement this Period 2492.64
City WALDORF State MD Zip Code 20602	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) ▼
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name		

SUBTOTAL of Disbursements This Page (optional) ▶	10023.32
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

Full Name (Last, First, Middle Initial) A. CATTERTON PRINTING INC		Transaction ID: SB21B.31040 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 100 POST OFFICE ROAD		Amount of Each Disbursement this Period 5740.83
City WALDORF State MD Zip Code 20602	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) ▼	Category/Type 003

Full Name (Last, First, Middle Initial) B. CATTERTON PRINTING INC		Transaction ID: SB21B.31041 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address 100 POST OFFICE ROAD		Amount of Each Disbursement this Period 3299.46
City WALDORF State MD Zip Code 20602	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) ▼	Category/Type 003

Full Name (Last, First, Middle Initial) C. COLORTREE INC OF VIRGINIA		Transaction ID: SB21B.31042 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7
Mailing Address 2519 BRITTONS HILL RD		Amount of Each Disbursement this Period 3575.04
City RICHMOND State VA Zip Code 23230	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) ▼	Category/Type 003

SUBTOTAL of Disbursements This Page (optional) ▶	12615.33
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)

<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

Full Name (Last, First, Middle Initial) A. COLORTREE INC OF VIRGINIA		Transaction ID: SB21B.31043 Date of Disbursement
Mailing Address 2519 BRITTONS HILL RD		<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>
City RICHMOND	State VA	Zip Code 23230
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="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:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. COLORTREE INC OF VIRGINIA		Transaction ID: SB21B.31044 Date of Disbursement
Mailing Address 2519 BRITTONS HILL RD		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2007"/>
City RICHMOND	State VA	Zip Code 23230
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="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:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. COLORTREE INC OF VIRGINIA		Transaction ID: SB21B.31045 Date of Disbursement
Mailing Address 2519 BRITTONS HILL RD		<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
City RICHMOND	State VA	Zip Code 23230
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="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:		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11020.80"/>
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

Full Name (Last, First, Middle Initial) A. COLORTREE INC OF VIRGINIA		Transaction ID: SB21B.31046 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7
Mailing Address 2519 BRITTONS HILL RD		Amount of Each Disbursement this Period 2623.49
City RICHMOND State VA Zip Code 23230	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) ▼
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name		

Full Name (Last, First, Middle Initial) B. COLORTREE INC OF VIRGINIA		Transaction ID: SB21B.31047 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 2519 BRITTONS HILL RD		Amount of Each Disbursement this Period 1569.75
City RICHMOND State VA Zip Code 23230	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) ▼
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name		

Full Name (Last, First, Middle Initial) C. COLORTREE INC OF VIRGINIA		Transaction ID: SB21B.31048 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address 2519 BRITTONS HILL RD		Amount of Each Disbursement this Period 2203.69
City RICHMOND State VA Zip Code 23230	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) ▼
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name		

SUBTOTAL of Disbursements This Page (optional) ▶	6396.93
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)

PAGE 67 / 99

<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

Full Name (Last, First, Middle Initial) A. COLORTREE INC OF VIRGINIA		Transaction ID: SB21B.31049
Mailing Address 2519 BRITTONS HILL RD		Date of Disbursement MM / DD / YYYY 05 / 29 / 2007
City RICHMOND	State VA	Amount of Each Disbursement this Period 2102.63
Zip Code 23230		
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL	Candidate Name	Category/ Type 003
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:		

Full Name (Last, First, Middle Initial) B. COLORTREE INC OF VIRGINIA		Transaction ID: SB21B.31050
Mailing Address 2519 BRITTONS HILL RD		Date of Disbursement MM / DD / YYYY 06 / 11 / 2007
City RICHMOND	State VA	Amount of Each Disbursement this Period 6983.24
Zip Code 23230		
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL	Candidate Name	Category/ Type 003
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:		

Full Name (Last, First, Middle Initial) C. ECG DATA CENTER		Transaction ID: SB21B.31060
Mailing Address 1420 SPRING HILL RD STE 490		Date of Disbursement MM / DD / YYYY 01 / 22 / 2007
City MCLEAN	State VA	Amount of Each Disbursement this Period 208.45
Zip Code 22102		
Purpose of Disbursement DATA PROCESSING	Candidate Name	Category/ Type 001
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)	9294.32
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

Full Name (Last, First, Middle Initial) A. ECG DATA CENTER		Transaction ID: SB21B.31061
Mailing Address 1420 SPRING HILL RD STE 490		Date of Disbursement MM / DD / YYYY 02 / 05 / 2007
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DATA PROCESSING	Amount of Each Disbursement this Period 2007.26	
Candidate Name	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:		

Full Name (Last, First, Middle Initial) B. ECG DATA CENTER		Transaction ID: SB21B.31062
Mailing Address 1420 SPRING HILL RD STE 490		Date of Disbursement MM / DD / YYYY 02 / 20 / 2007
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DATA PROCESSING	Amount of Each Disbursement this Period 1194.34	
Candidate Name	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:		

Full Name (Last, First, Middle Initial) C. ECG DATA CENTER		Transaction ID: SB21B.31063
Mailing Address 1420 SPRING HILL RD STE 490		Date of Disbursement MM / DD / YYYY 02 / 26 / 2007
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DATA PROCESSING	Amount of Each Disbursement this Period 3768.09	
Candidate Name	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)	▶	6969.69
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

Full Name (Last, First, Middle Initial) A. ECG DATA CENTER		Transaction ID: SB21B.31064 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="03"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DATA PROCESSING	<input type="text" value="001"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="946.55"/>

Full Name (Last, First, Middle Initial) B. ECG DATA CENTER		Transaction ID: SB21B.31065 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="03"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DATA PROCESSING	<input type="text" value="001"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="200.00"/>

Full Name (Last, First, Middle Initial) C. ECG DATA CENTER		Transaction ID: SB21B.31066 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="05"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DATA PROCESSING	<input type="text" value="001"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="3447.33"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4593.88"/>
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

Full Name (Last, First, Middle Initial) A. ECG DATA CENTER		Transaction ID: SB21B.31067 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2007"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DATA PROCESSING	<input type="text" value="001"/> 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:		
		Amount of Each Disbursement this Period <input type="text" value="1913.54"/>

Full Name (Last, First, Middle Initial) B. ECG DATA CENTER		Transaction ID: SB21B.31069 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DATA PROCESSING	<input type="text" value="001"/> 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:		
		Amount of Each Disbursement this Period <input type="text" value="3638.13"/>

Full Name (Last, First, Middle Initial) C. ESSEX PRINTING		Transaction ID: SB21B.31070 Date of Disbursement
Mailing Address 1420 SPRING HILL RD		<input type="text" value="01"/> / <input type="text" value="08"/> / <input type="text" value="2007"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="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:		
		Amount of Each Disbursement this Period <input type="text" value="7539.20"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="13090.87"/>
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

Full Name (Last, First, Middle Initial) A. JOHN W LEUTHOLD		Transaction ID: SB21B.30961 Date of Disbursement
Mailing Address 2029 VERDUGO BLVD #1020		<input type="text" value="04"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City MONTROSE	State CA	Zip Code 91020
Purpose of Disbursement OFFICE RENT	<input type="text" value="001"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. JOHN W LEUTHOLD		Transaction ID: SB21B.30962 Date of Disbursement
Mailing Address 2029 VERDUGO BLVD #1020		<input type="text" value="05"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City MONTROSE	State CA	Zip Code 91020
Purpose of Disbursement OFFICE RENT	<input type="text" value="001"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. LEWITT HACKMAN		Transaction ID: SB21B.30900 Date of Disbursement
Mailing Address 16633 VENTURA BLVD.		<input type="text" value="05"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City ENCINO	State CA	Zip Code 91436
Purpose of Disbursement LEGAL FEES	<input type="text" value="001"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1699.93"/>
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

Full Name (Last, First, Middle Initial) A. MDI IMAGING & MAIL		Transaction ID: SB21B.31072 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 2396.43
City ASHBURN State VA Zip Code 20147	003 Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. MDI IMAGING & MAIL		Transaction ID: SB21B.31073 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 625.91
City ASHBURN State VA Zip Code 20147	003 Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. MDI IMAGING & MAIL		Transaction ID: SB21B.31074 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 1958.65
City ASHBURN State VA Zip Code 20147	003 Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4980.99
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

Full Name (Last, First, Middle Initial) A. MDI IMAGING & MAIL		Transaction ID: SB21B.31075 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 19000.00
City ASHBURN State VA Zip Code 20147	003 Category/ Type	
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL 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:		

Full Name (Last, First, Middle Initial) B. MDI IMAGING & MAIL		Transaction ID: SB21B.31076 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 3710.00
City ASHBURN State VA Zip Code 20147	003 Category/ Type	
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL 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:		

Full Name (Last, First, Middle Initial) C. MDI IMAGING & MAIL		Transaction ID: SB21B.31077 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 78.56
City ASHBURN State VA Zip Code 20147	003 Category/ Type	
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL 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:		

SUBTOTAL of Disbursements This Page (optional) ▶	22788.56
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)

<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

Full Name (Last, First, Middle Initial) A. MDI IMAGING & MAIL		Transaction ID: SB21B.31078 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 27000.00
City ASHBURN State VA Zip Code 20147	003 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. MDI IMAGING & MAIL		Transaction ID: SB21B.31079 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 906.00
City ASHBURN State VA Zip Code 20147	003 Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. MDI IMAGING & MAIL		Transaction ID: SB21B.31080 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 9791.01
City ASHBURN State VA Zip Code 20147	003 Category/ Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	37697.01
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)

<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

Full Name (Last, First, Middle Initial) A. MDI IMAGING & MAIL		Transaction ID: SB21B.31081 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 3715.30
City ASHBURN State VA Zip Code 20147	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) ▼	Category/Type 003

Full Name (Last, First, Middle Initial) B. MDI IMAGING & MAIL		Transaction ID: SB21B.31082 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 4860.90
City ASHBURN State VA Zip Code 20147	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) ▼	Category/Type 003

Full Name (Last, First, Middle Initial) C. MDI IMAGING & MAIL		Transaction ID: SB21B.31083 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 5790.16
City ASHBURN State VA Zip Code 20147	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) ▼	Category/Type 003

SUBTOTAL of Disbursements This Page (optional) ▶	14366.36
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)

<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

Full Name (Last, First, Middle Initial) A. MDI IMAGING & MAIL		Transaction ID: SB21B.31084 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 3634.26
City ASHBURN State VA Zip Code 20147	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) ▼	Category/Type 003

Full Name (Last, First, Middle Initial) B. MONARCH INSURANCE SERVICES		Transaction ID: SB21B.30920 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 40 W COCHRAN ST		Amount of Each Disbursement this Period 1681.00
City SIMI VALLEY State CA Zip Code 93065	Purpose of Disbursement INSURANCE PREMIUMS 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) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. OMEGA LIST COMPANY		Transaction ID: SB21B.31085 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 7
Mailing Address 1420 SPRING HILL RD STE 490		Amount of Each Disbursement this Period 635.00
City MCLEAN State VA Zip Code 22102	Purpose of Disbursement LIST RENTALS 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) ▼	Category/Type 003

SUBTOTAL of Disbursements This Page (optional) ▶	5950.26
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

Full Name (Last, First, Middle Initial) A. OMEGA LIST COMPANY		Transaction ID: SB21B.31086 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>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	6		2	0	0	7													
City MCLEAN	State VA	Zip Code 22102																				
Purpose of Disbursement LIST RENTALS		<table border="1"><tr><td>003</td></tr></table> Category/ Type	003																			
003																						
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: _____																					
		Amount of Each Disbursement this Period <table border="1"><tr><td>2910.76</td></tr></table>	2910.76																			
2910.76																						

Full Name (Last, First, Middle Initial) B. OMEGA LIST COMPANY		Transaction ID: SB21B.31087 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>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	6		2	0	0	7													
City MCLEAN	State VA	Zip Code 22102																				
Purpose of Disbursement LIST RENTALS		<table border="1"><tr><td>003</td></tr></table> Category/ Type	003																			
003																						
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: _____																					
		Amount of Each Disbursement this Period <table border="1"><tr><td>4477.97</td></tr></table>	4477.97																			
4477.97																						

Full Name (Last, First, Middle Initial) C. OMEGA LIST COMPANY		Transaction ID: SB21B.31088 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>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	2		2	0	0	7													
City MCLEAN	State VA	Zip Code 22102																				
Purpose of Disbursement LIST RENTALS		<table border="1"><tr><td>003</td></tr></table> Category/ Type	003																			
003																						
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: _____																					
		Amount of Each Disbursement this Period <table border="1"><tr><td>2054.75</td></tr></table>	2054.75																			
2054.75																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>9443.48</td></tr></table>	9443.48
9443.48		
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

Full Name (Last, First, Middle Initial) A. OMEGA LIST COMPANY		Transaction ID: SB21B.31089
Mailing Address 1420 SPRING HILL RD STE 490		Date of Disbursement MM / DD / YYYY 05 / 29 / 2007
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement LIST RENTALS	Amount of Each Disbursement this Period 176.22	
Candidate Name	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:		

Full Name (Last, First, Middle Initial) B. OMEGA LIST COMPANY		Transaction ID: SB21B.31090
Mailing Address 1420 SPRING HILL RD STE 490		Date of Disbursement MM / DD / YYYY 06 / 25 / 2007
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement LIST RENTALS	Amount of Each Disbursement this Period 1814.24	
Candidate Name	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:		

Full Name (Last, First, Middle Initial) C. NATHANAEL K PENDLEY		Transaction ID: SB21B.30963
Mailing Address 2029 VERDUGO BLVD		Date of Disbursement MM / DD / YYYY 05 / 25 / 2007
City MONTROSE	State CA	Zip Code 91020
Purpose of Disbursement PRODUCTION - TV COMMERCIAL	Amount of Each Disbursement this Period 9000.00	
Candidate Name	004 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)	10990.46
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

Full Name (Last, First, Middle Initial) A. BRANDON POWERS		Transaction ID: SB21B.30960 Date of Disbursement
Mailing Address 2029 VERDUGO BLVD #1020		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
City MONTROSE	State CA	Zip Code 91020
Purpose of Disbursement WEB SITE DEVELOPMENT	<input type="text" value="001"/> 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:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. PREMIER FULFILLMENT & PROCESSING INC		Transaction ID: SB21B.31091 Date of Disbursement
Mailing Address 4841 DILLON DR		<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>
City PUEBLO	State CO	Zip Code 81008
Purpose of Disbursement MONEY PROCESSING & ESCROW	<input type="text" value="001"/> 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:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. PREMIER FULFILLMENT & PROCESSING INC		Transaction ID: SB21B.31092 Date of Disbursement
Mailing Address 4841 DILLON DR		<input type="text" value="02"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
City PUEBLO	State CO	Zip Code 81008
Purpose of Disbursement MONEY PROCESSING & ESCROW	<input type="text" value="001"/> 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:		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6449.53"/>
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)

PAGE 80 / 99

<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

Full Name (Last, First, Middle Initial)

A. PREMIER FULFILLMENT & PROCESSING INC

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement
MONEY PROCESSING & ESCROW

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.31093

Date of Disbursement

02 / 12 / 2007

Amount of Each Disbursement this Period

2387.39

B. PREMIER FULFILLMENT & PROCESSING INC

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement
MONEY PROCESSING & ESCROW

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.31094

Date of Disbursement

05 / 21 / 2007

Amount of Each Disbursement this Period

1990.95

C. PREMIER FULFILLMENT & PROCESSING INC

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement
MONEY PROCESSING & ESCROW

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.31095

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

2797.32

SUBTOTAL of Disbursements This Page (optional) ►

7175.66

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

Full Name (Last, First, Middle Initial) A. RST MARKETING		Transaction ID: SB21B.31096 Date of Disbursement
Mailing Address 1272 CORPORATE PARK RD		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City FOREST	State VA	Zip Code 24551
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL	<input type="text" value="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:		
		Amount of Each Disbursement this Period <input type="text" value="4027.62"/>

Full Name (Last, First, Middle Initial) B. RST MARKETING		Transaction ID: SB21B.31097 Date of Disbursement
Mailing Address 1272 CORPORATE PARK RD		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City FOREST	State VA	Zip Code 24551
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL	<input type="text" value="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:		
		Amount of Each Disbursement this Period <input type="text" value="7898.00"/>

Full Name (Last, First, Middle Initial) C. RST MARKETING		Transaction ID: SB21B.31098 Date of Disbursement
Mailing Address 1272 CORPORATE PARK RD		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City FOREST	State VA	Zip Code 24551
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL	<input type="text" value="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:		
		Amount of Each Disbursement this Period <input type="text" value="7610.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="19535.62"/>
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

Full Name (Last, First, Middle Initial) A. RST MARKETING		Transaction ID: SB21B.31099 Date of Disbursement
Mailing Address 1272 CORPORATE PARK RD		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City FOREST	State VA	Zip Code 24551
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	Candidate Name	<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) ▼	Amount of Each Disbursement this Period <input type="text" value="8567.65"/>
State: District:		

Full Name (Last, First, Middle Initial) B. RST MARKETING		Transaction ID: SB21B.31101 Date of Disbursement
Mailing Address 1272 CORPORATE PARK RD		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
City FOREST	State VA	Zip Code 24551
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	Candidate Name	<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) ▼	Amount of Each Disbursement this Period <input type="text" value="2568.00"/>
State: District:		

Full Name (Last, First, Middle Initial) C. RST MARKETING		Transaction ID: SB21B.31102 Date of Disbursement
Mailing Address 1272 CORPORATE PARK RD		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
City FOREST	State VA	Zip Code 24551
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	Candidate Name	<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) ▼	Amount of Each Disbursement this Period <input type="text" value="4186.80"/>
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="15322.45"/>
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)

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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

Full Name (Last, First, Middle Initial) A. RST MARKETING		Transaction ID: SB21B.31103
Mailing Address 1272 CORPORATE PARK RD		Date of Disbursement MM / DD / YYYY 05 / 29 / 2007
City FOREST	State VA	Amount of Each Disbursement this Period 2427.22
Zip Code 24551		
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL	Candidate Name	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:		

Full Name (Last, First, Middle Initial) B. RST MARKETING		Transaction ID: SB21B.31104
Mailing Address 1272 CORPORATE PARK RD		Date of Disbursement MM / DD / YYYY 06 / 04 / 2007
City FOREST	State VA	Amount of Each Disbursement this Period 7900.00
Zip Code 24551		
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL	Candidate Name	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:		

Full Name (Last, First, Middle Initial) C. UPS		Transaction ID: SB21B.30888
Mailing Address 2029 VERDUGO BLVD		Date of Disbursement MM / DD / YYYY 03 / 05 / 2007
City MONTROSE	State CA	Amount of Each Disbursement this Period 207.85
Zip Code 91020		
Purpose of Disbursement SHIPPING	Candidate Name	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)	▶	10535.07
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

Full Name (Last, First, Middle Initial) A. US POSTMASTER		Transaction ID: SB21B.31105 Date of Disbursement																				
Mailing Address 2100 MONTROSE AVE		<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>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	4		2	0	0	7													
City MONTROSE	State CA	Zip Code 91204																				
Purpose of Disbursement POSTAGE	<table border="1"><tr><td>003</td></tr></table>		003																			
003																						
Candidate Name	Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial) B. US POSTMASTER		Transaction ID: SB21B.31106 Date of Disbursement																				
Mailing Address 2100 MONTROSE AVE		<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>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	8		2	0	0	7													
City MONTROSE	State CA	Zip Code 91204																				
Purpose of Disbursement POSTAGE	<table border="1"><tr><td>003</td></tr></table>		003																			
003																						
Candidate Name	Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial) C. US POSTMASTER		Transaction ID: SB21B.30902 Date of Disbursement																				
Mailing Address 2100 MONTROSE AVE		<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>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	7		2	0	0	7													
City MONTROSE	State CA	Zip Code 91204																				
Purpose of Disbursement SHIPPING	<table border="1"><tr><td>001</td></tr></table>		001																			
001																						
Candidate Name	Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

156.00

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>6656.00</td></tr></table>	6656.00
6656.00		
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

Full Name (Last, First, Middle Initial) A. US POSTMASTER		Transaction ID: SB21B.31107
Mailing Address 2100 MONTROSE AVE		Date of Disbursement MM / DD / YYYY 04 / 03 / 2007
City MONTROSE	State CA	Amount of Each Disbursement this Period 72.00
Zip Code 91204		
Purpose of Disbursement POSTAGE	Category/Type 001	
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:		

Full Name (Last, First, Middle Initial) B. US POSTMASTER		Transaction ID: SB21B.30903
Mailing Address 2100 MONTROSE AVE		Date of Disbursement MM / DD / YYYY 04 / 27 / 2007
City MONTROSE	State CA	Amount of Each Disbursement this Period 157.00
Zip Code 91204		
Purpose of Disbursement SHIPPING	Category/Type 001	
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:		

Full Name (Last, First, Middle Initial) C. US STORAGE CENTERS		Transaction ID: SB21B.30891
Mailing Address 4454 LOWELL AVE		Date of Disbursement MM / DD / YYYY 06 / 05 / 2007
City GLENDALE	State CA	Amount of Each Disbursement this Period 135.20
Zip Code 91214		
Purpose of Disbursement STORAGE	Category/Type 001	
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:		

SUBTOTAL of Disbursements This Page (optional)	364.20
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

Full Name (Last, First, Middle Initial) A. WASHINGTON MUTUAL BANK		Transaction ID: SB21B.31051 Date of Disbursement
Mailing Address 2314 HONOLULU AVE		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City MONTROSE	State CA	Zip Code 91020
Purpose of Disbursement BANK CHARGES	<input type="text" value="001"/> 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:		
		Amount of Each Disbursement this Period <input type="text" value="207.34"/>

Full Name (Last, First, Middle Initial) B. WASHINGTON MUTUAL BANK		Transaction ID: SB21B.31053 Date of Disbursement
Mailing Address 2314 HONOLULU AVE		<input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City MONTROSE	State CA	Zip Code 91020
Purpose of Disbursement BANK CHARGES	<input type="text" value="001"/> 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:		
		Amount of Each Disbursement this Period <input type="text" value="456.58"/>

Full Name (Last, First, Middle Initial) C. WASHINGTON MUTUAL BANK		Transaction ID: SB21B.31054 Date of Disbursement
Mailing Address 2314 HONOLULU AVE		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City MONTROSE	State CA	Zip Code 91020
Purpose of Disbursement BANK CHARGES	<input type="text" value="001"/> 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:		
		Amount of Each Disbursement this Period <input type="text" value="200.06"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="863.98"/>
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)

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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

Full Name (Last, First, Middle Initial) A. WASHINGTON MUTUAL BANK		Transaction ID: SB21B.31055 Date of Disbursement
Mailing Address 2314 HONOLULU AVE		<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City MONTROSE	State CA	Zip Code 91020
Purpose of Disbursement BANK CHARGES	<input type="text" value="001"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="298.64"/>

Full Name (Last, First, Middle Initial) B. WASHINGTON MUTUAL BANK		Transaction ID: SB21B.31056 Date of Disbursement
Mailing Address 2314 HONOLULU AVE		<input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City MONTROSE	State CA	Zip Code 91020
Purpose of Disbursement BANK CHARGES	<input type="text" value="001"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="218.90"/>

Full Name (Last, First, Middle Initial) C. WASHINGTON MUTUAL BANK		Transaction ID: SB21B.31057 Date of Disbursement
Mailing Address 2314 HONOLULU AVE		<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="7"/> <input type="text" value="7"/>
City MONTROSE	State CA	Zip Code 91020
Purpose of Disbursement BANK CHARGES	<input type="text" value="001"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="401.18"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="918.72"/>
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

Full Name (Last, First, Middle Initial) A. ZIP MAILING SERVICES INC		Transaction ID: SB21B.31108 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address 288 HANLEY INDUSTRIAL CT		Amount of Each Disbursement this Period 3000.00
City ST LOUIS State MO Zip Code 63144		
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:		

Full Name (Last, First, Middle Initial) B. ZIP MAILING SERVICES INC		Transaction ID: SB21B.31109 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7
Mailing Address 288 HANLEY INDUSTRIAL CT		Amount of Each Disbursement this Period 7076.15
City ST LOUIS State MO Zip Code 63144		
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:		

Full Name (Last, First, Middle Initial) C. ZIP MAILING SERVICES INC		Transaction ID: SB21B.31110 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 288 HANLEY INDUSTRIAL CT		Amount of Each Disbursement this Period 395.32
City ST LOUIS State MO Zip Code 63144		
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:		

SUBTOTAL of Disbursements This Page (optional) ▶	10471.47
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. ZIP MAILING SERVICES INC		Transaction ID: SB21B.31111 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 288 HANLEY INDUSTRIAL CT		Amount of Each Disbursement this Period 8579.00
City ST LOUIS State MO Zip Code 63144	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) ▼	Category/Type 003

Full Name (Last, First, Middle Initial) B. ZIP MAILING SERVICES INC		Transaction ID: SB21B.31112 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 288 HANLEY INDUSTRIAL CT		Amount of Each Disbursement this Period 7269.47
City ST LOUIS State MO Zip Code 63144	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) ▼	Category/Type 003

Full Name (Last, First, Middle Initial) C. ZIP MAILING SERVICES INC		Transaction ID: SB21B.31113 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address 288 HANLEY INDUSTRIAL CT		Amount of Each Disbursement this Period 371.90
City ST LOUIS State MO Zip Code 63144	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) ▼	Category/Type 003

SUBTOTAL of Disbursements This Page (optional) ▶	16220.37
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 90 / 99

<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)
ZIP MAILING SERVICES INC

Mailing Address 288 HANLEY INDUSTRIAL CT

City ST LOUIS State MO Zip Code 63144

Purpose of Disbursement
DIRECT MAIL FUNDRAISING FOR AAIL

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.31114

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

1267.12

SUBTOTAL of Disbursements This Page (optional)

1267.12

TOTAL This Period (last page this line number only)

373944.89

**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 91 / 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" 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

Full Name (Last, First, Middle Initial)

A. ALLEN BRANDSTATER

Mailing Address 2029 VERDUGO BLVD
#1020

City MONTROSE State CA Zip Code 91020

Purpose of Disbursement
LOAN REPAYMENT

Candidate Name

009
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB26.31117

Date of Disbursement

06 / 14 / 2007

Amount of Each Disbursement this Period

833.00

SUBTOTAL of Disbursements This Page (optional)

833.00

TOTAL This Period (last page this line number only)

833.00

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 92 / 99

<input 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 checked="" 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

Full Name (Last, First, Middle Initial)

A. US TREASURY

Mailing Address 15TH & PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
PAYMENT TO US TREASURY

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.31115

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

5950.00

SUBTOTAL of Disbursements This Page (optional) ►

5950.00

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

5950.00

SCHEDULE C (FEC Form 3X)

LOANS

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

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	833.00	4167.00

TERMS

Date Incurred: M M 04 D D 04 Y Y Y Y 2007 Date Due: UPON DEMAND Interest Rate: 0 % (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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	4167.00
TOTALS This Period (last page in this line only)	4167.00

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 BULK MAILING & ADDRESSING INC	Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR AAI
Mailing Address 1328 CHARWOOD ROAD	
City State ZIP Code HANOVER MD 21076	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.30995	
Amount Incurred This Period 55912.93	Payment This Period 0.00	Outstanding Balance at Close of This Period 55912.93

B. 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 State ZIP Code MCLEAN VA 22102	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.30996	
Amount Incurred This Period 30643.92	Payment This Period 42888.47	Outstanding Balance at Close of This Period -12244.55

C. 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 State ZIP Code WALDORF MD 20602	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.30997	
Amount Incurred This Period 58619.92	Payment This Period 55348.93	Outstanding Balance at Close of This Period 3270.99

1) SUBTOTALS This Period This Page (optional).....	▶	46939.37
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS 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 COLORTREE INC OF VIRGINIA	Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR AAI
Mailing Address 2519 BRITTONS HILL RD	
City State ZIP Code RICHMOND VA 23230	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.31014	
Amount Incurred This Period 30078.64	Payment This Period 30078.64	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.30998	
Amount Incurred This Period 16101.30	Payment This Period 0.00	Outstanding Balance at Close of This Period 16101.30

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

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.30999	
Amount Incurred This Period 75.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 75.00

1) SUBTOTALS This Period This Page (optional).....	▶	16176.30
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS 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 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 0.00	Transaction ID: SD10.31002	
Amount Incurred This Period 31758.51	Payment This Period 17323.69	Outstanding Balance at Close of This Period 14434.82

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ELECTRONIC REPORTING SYSTEMS INC	Nature of Debt (Purpose): ELECTRONIC DISCLOSURE REPORTING
Mailing Address 1155 - 15TH ST NW SUITE 614	
City State ZIP Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.31003	
Amount Incurred This Period 5382.80	Payment This Period 0.00	Outstanding Balance at Close of This Period 5382.80

C. 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 0.00	Transaction ID: SD10.31004	
Amount Incurred This Period 2585.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2585.00

1) SUBTOTALS This Period This Page (optional).....	▶	22402.62
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS 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 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 0.00	Transaction ID: SD10.31005	
Amount Incurred This Period 3113.25	Payment This Period 0.00	Outstanding Balance at Close of This Period 3113.25

B. 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 0.00	Transaction ID: SD10.31018	
Amount Incurred This Period 84732.50	Payment This Period 83467.18	Outstanding Balance at Close of This Period 1265.32

C. 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 0.00	Transaction ID: SD10.31006	
Amount Incurred This Period 20630.09	Payment This Period 12068.94	Outstanding Balance at Close of This Period 8561.15

1) SUBTOTALS This Period This Page (optional).....	▶	12939.72
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS 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 PREMIER FULFILLMENT & PROCESSING INC	Nature of Debt (Purpose): MONEY PROCESSING & ESCROW
Mailing Address 4841 DILLON DR	
City State ZIP Code PUEBLO CO 81008	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.31007	
Amount Incurred This Period 22200.21	Payment This Period 12625.19	Outstanding Balance at Close of This Period 9575.02

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor TRI-STATE ENVELOPE CORP	Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR AAI
Mailing Address 6900 FAIGLE ROAD BOX 433	
City State ZIP Code BELTSVILLE MD 20705	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.31008	
Amount Incurred This Period 2843.40	Payment This Period 0.00	Outstanding Balance at Close of This Period 2843.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WEST END PRINTING	Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR AAI
Mailing Address 1619 SHERWOOD AVE	
City State ZIP Code RICHMOND VA 23220	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.31009	
Amount Incurred This Period 12135.90	Payment This Period 0.00	Outstanding Balance at Close of This Period 12135.90

1) SUBTOTALS This Period This Page (optional).....	▶	24554.32
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS 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)	PAGE 99 / 99	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ZIP MAILING SERVICES INC	Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR AAI
Mailing Address 288 HANLEY INDUSTRIAL CT	
City State ZIP Code ST LOUIS MO 63144	

Outstanding Balance Beginning This Period	Transaction ID: SD10.31010	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
37249.97	27958.96	9291.01

1) SUBTOTALS This Period This Page (optional).....	9291.01
2) TOTALS This Period (last page this line number only).....	132303.34
3) TOTALS 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)	