

# 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 07 01 2007 through 12 31 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 SCOTT B MACKENZIE

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

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

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"><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 .....	47815.06									
(c) Total Receipts (from Line 19) .....	220064.73	620324.45								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	267879.79	649968.11								
7. Total Disbursements (from Line 31) .....	265409.66	647497.98								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2470.13	2470.13								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	63218.63									

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

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

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		
(i) Itemized (use Schedule A) .....	19398.00	45958.00
(ii) Unitemized .....	163463.82	499160.37
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	182861.82	545118.37
(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) .....	182861.82	545118.37
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	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) .....	4096.35	6071.97
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	33106.56	64134.11
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)) .....	220064.73	620324.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	220064.73	620324.45

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	257077.66	632382.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	257077.66	632382.98
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.....	3332.00	4165.00
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.....	5000.00	10950.00
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))..	265409.66	647497.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	265409.66	647497.98

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	182861.82	545118.37
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	182861.82	545118.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	257077.66	632382.98
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	4096.35	6071.97
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	252981.31	626311.01

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR DON E ACKERMAN 341	Date of Receipt MM / DD / YYYY 10 / 10 / 2007
	Mailing Address 24311 WALDEN CENTER DR	<b>Transaction ID:</b> SA11AI.38329
	City State Zip Code BONITA SPRINGS FL 34134	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CHANDELLE VENTURES INC EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS KAY BACHELLER 334	Date of Receipt MM / DD / YYYY 09 / 11 / 2007
	Mailing Address PO BOX 160	<b>Transaction ID:</b> SA11AI.41005
	City State Zip Code BOYNTON BEACH FL 33425	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NONE RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS BARBARA B BAKER 840	Date of Receipt MM / DD / YYYY 09 / 04 / 2007
	Mailing Address 9735 S 500 W	<b>Transaction ID:</b> SA11AI.33187
	City State Zip Code SANDY UT 84070	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CHALLENGER SCHOOL ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 85

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

MS BARBARA B BAKER 840

Mailing Address 9735 S 500 W

City State Zip Code  
SANDY UT 84070

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

Name of Employer Occupation  
CHALLENGER SCHOOL ADMINISTRATOR

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1300.00

Date of Receipt

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

Transaction ID: SA11AI.33188

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MRS ANN S BAKER 926

Mailing Address 19191 HARVARD AVE APT 431 A

City State Zip Code  
IRVINE CA 92612

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 201.00

Date of Receipt

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

Transaction ID: SA11AI.35961

Amount of Each Receipt this Period

201.00

**C.**

Full Name (Last, First, Middle Initial)

MRS ANN S BAKER 926

Mailing Address 19191 HARVARD AVE APT 431 A

City State Zip Code  
IRVINE CA 92612

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 ▼ 402.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.35964

Amount of Each Receipt this Period

201.00

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

602.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 85  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) MRS ANN S BAKER 926</p> <p>Mailing Address 19191 HARVARD AVE APT 431 A</p> <p>City State Zip Code IRVINE CA 92612</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer NONE</p> <p>Occupation RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">502.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.35963</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">100.00</span></p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	0	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	1	0	/	2	0	0	7												

<p><b>B.</b> Full Name (Last, First, Middle Initial) MRS ANN S BAKER 926</p> <p>Mailing Address 19191 HARVARD AVE APT 431 A</p> <p>City State Zip Code IRVINE CA 92612</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer NONE</p> <p>Occupation RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">703.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.35962</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">201.00</span></p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	6	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	6	/	2	0	0	7												

<p><b>C.</b> Full Name (Last, First, Middle Initial) MR DONALD BALLOU 057</p> <p>Mailing Address 256 WEYBRIDGE ST</p> <p>City State Zip Code MIDDLEBURY VT 05753</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer NONE</p> <p>Occupation RETIRED</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">251.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.39739</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">100.00</span></p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	0	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	1	0	/	2	0	0	7												

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">401.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 9 / 85  
(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 NEW HOLLAND State PA Zip Code 17557  
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 ▼ 1571.00  
Date of Receipt 07 / 26 / 2007  
Transaction ID: SA11AI.35517  
Amount of Each Receipt this Period 561.00

**B.** Full Name (Last, First, Middle Initial)  
MRS SUSAN BRUNOFF 175  
Mailing Address 334 W CEDAR ST  
City NEW HOLLAND State PA Zip Code 17557  
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 ▼ 2132.00  
Date of Receipt 08 / 23 / 2007  
Transaction ID: SA11AI.35516  
Amount of Each Receipt this Period 561.00

**C.** Full Name (Last, First, Middle Initial)  
MRS SUSAN BRUNOFF 175  
Mailing Address 334 W CEDAR ST  
City NEW HOLLAND State PA Zip Code 17557  
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 ▼ 2182.00  
Date of Receipt 09 / 28 / 2007  
Transaction ID: SA11AI.35515  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1172.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 85

(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)  
FUMIE BRYCE 985

Mailing Address 4532 INTELCO LOOP SE #354

City State Zip Code  
**LACEY WA 98503**

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 ▼  
450.00

Date of Receipt  
08 / 31 / 2007

**Transaction ID: SA11AI.31879**

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
MR WILLIAM H CLARK 752, III

Mailing Address 3716 MAPLEWOOD AVE

City State Zip Code  
**DALLAS TX 75205**

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  
12 / 10 / 2007

**Transaction ID: SA11AI.44268**

Amount of Each Receipt this Period  
1000.00

**C.**

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  
MORGAN & FINNEGAN

Occupation  
RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
12 / 05 / 2007

**Transaction ID: SA11AI.35338**

Amount of Each Receipt this Period  
400.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 85

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS MARJORIE DAVIS 043		Date of Receipt																					
	Mailing Address 6 HUCKLEBERRY LN		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</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	1	0		0	5		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	5		2	0	0	7														
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.39318																				
AUGUSTA	ME	04330	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	C		800.00																					
Name of Employer NONE	Occupation RETIRED																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	2400.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS MARJORIE DAVIS 043		Date of Receipt																					
	Mailing Address 6 HUCKLEBERRY LN		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	1		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		2	1		2	0	0	7														
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.39319																				
AUGUSTA	ME	04330	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	C		500.00																					
Name of Employer NONE	Occupation RETIRED																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	2900.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS MARJORIE DAVIS 043		Date of Receipt																					
	Mailing Address 6 HUCKLEBERRY LN		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>1</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	1	2		1	1		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		1	1		2	0	0	7														
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.39320																				
AUGUSTA	ME	04330	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	C		500.00																					
Name of Employer NONE	Occupation RETIRED																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	3400.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR JAMES DOWNEY 940	Date of Receipt MM / DD / YYYY 11 / 09 / 2007
	Mailing Address 26000 NEWBRIDGE DR	<b>Transaction ID:</b> SA11AI.39636
	City State Zip Code LOS ALTOS CA 94022	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ALTOS SONOMA CORP EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR JAMES DOWNEY 940	Date of Receipt MM / DD / YYYY 12 / 26 / 2007
	Mailing Address 26000 NEWBRIDGE DR	<b>Transaction ID:</b> SA11AI.39635
	City State Zip Code LOS ALTOS CA 94022	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ALTOS SONOMA CORP EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR BREWSTER J DURKEE 322	Date of Receipt MM / DD / YYYY 10 / 10 / 2007
	Mailing Address 5027 RIVER POINT RD	<b>Transaction ID:</b> SA11AI.35986
	City State Zip Code JACKSONVILLE FL 32207	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NONE RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	350.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR BREWSTER J DURKEE 322		Date of Receipt	
	Mailing Address 5027 RIVER POINT RD		M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 7	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.35985
	JACKSONVILLE	FL	32207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		50.00	
Name of Employer NONE		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MR ROBERT J EICHENBERG 926		Date of Receipt	
	Mailing Address 1 COLLINS ISLAND		M M / D D / Y Y Y Y Y 0 7 / 2 5 / 2 0 0 7	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.45154
	NEWPORT BEACH	CA	92662	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer ELLISON ED EQ INC		Occupation CO-OWNER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MR THOMAS FAILS 802		Date of Receipt	
	Mailing Address 965 S MONROE ST		M M / D D / Y Y Y Y Y 0 8 / 2 7 / 2 0 0 7	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.39763
	DENVER	CO	80209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		201.00	
Name of Employer SELF EMPLOYED		Occupation PETROLEUM GEOLOGIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 201.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1251.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 85

(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)  
MARION FRANK 448

Mailing Address 6948 TOWNSHIP ROAD 451

City State Zip Code  
LOUDONVILLE OH 44842

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
1	0		0	5		2	0	0	7

Transaction ID: SA11AI.40590

Amount of Each Receipt this Period

200.00
--------

**B.**

Full Name (Last, First, Middle Initial)  
MARION FRANK 448

Mailing Address 6948 TOWNSHIP ROAD 451

City State Zip Code  
LOUDONVILLE OH 44842

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
1	2		0	4		2	0	0	7

Transaction ID: SA11AI.40588

Amount of Each Receipt this Period

50.00
-------

**C.**

Full Name (Last, First, Middle Initial)  
MR STEVEN J FRISBIE 496

Mailing Address 616 HOLLY RD

City State Zip Code  
CADILLAC MI 49601

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	7

Transaction ID: SA11AI.40799

Amount of Each Receipt this Period

200.00
--------

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

450.00
--------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 85
	<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 PHILIP O GELER 452, JR		Date of Receipt MM / DD / YYYY 12 / 14 / 2007
Mailing Address 6000 REDBIRD HOLLOW LN		<b>Transaction ID:</b> SA11AI.42198
City CINCINNATI	State OH	Zip Code 45243
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) MS SUZANNE GOTTLIEB 902		Date of Receipt MM / DD / YYYY 10 / 03 / 2007
Mailing Address 617 N MAPLE DR		<b>Transaction ID:</b> SA11AI.40783
City BEVERLY HILLS	State CA	Zip Code 90210
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer SELF EMPLOYED	Occupation PROPERTY MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

**C.**

Full Name (Last, First, Middle Initial) MR ROBERT B GREEN 945		Date of Receipt MM / DD / YYYY 08 / 21 / 2007
Mailing Address 335 SAINT ANDREWS DR		<b>Transaction ID:</b> SA11AI.45095
City NAPA	State CA	Zip Code 94558
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 201.00
Name of Employer SELF EMPLOYED	Occupation INVESTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>551.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS DOROTHY G GRIFFIN 134		Date of Receipt M M / D D / Y Y Y Y Y 08 / 02 / 2007		
	Mailing Address 8209 PHILLIPS RD		Transaction ID: SA11AI.33807		
	City	State	Zip Code	Amount of Each Receipt this Period	
	ROME	NY	13440	201.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer VARFLEX CORP		Occupation PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			
		301.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) MR RICHARD GRIFFITH 705		Date of Receipt M M / D D / Y Y Y Y Y 09 / 04 / 2007		
	Mailing Address PO BOX 91610		Transaction ID: SA11AI.41112		
	City	State	Zip Code	Amount of Each Receipt this Period	
	LAFAYETTE	LA	70509	100.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			
		201.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) MR WESLEY GROW 194		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2007		
	Mailing Address 248 MINERAL ST		Transaction ID: SA11AI.37368		
	City	State	Zip Code	Amount of Each Receipt this Period	
	POTTSTOWN	PA	19464	150.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer NONE		Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			
		250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	451.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR WESLEY GROW 194	Date of Receipt MM / DD / YYYY 11 / 21 / 2007
	Mailing Address 248 MINERAL ST	<b>Transaction ID:</b> SA11AI.37369
	City State Zip Code POTTSTOWN PA 19464	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 ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR WESLEY GROW 194	Date of Receipt MM / DD / YYYY 11 / 28 / 2007
	Mailing Address 248 MINERAL ST	<b>Transaction ID:</b> SA11AI.37371
	City State Zip Code POTTSTOWN PA 19464	Amount of Each Receipt this Period 200.00
	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 ▼ 550.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) DR SIG T HANSEN 981, JR	Date of Receipt MM / DD / YYYY 12 / 11 / 2007
	Mailing Address 2563 MAGNOLIA BLVD W	<b>Transaction ID:</b> SA11AI.31859
	City State Zip Code SEATTLE WA 98199	Amount of Each Receipt this Period 100.00
	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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 85

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MS BETTY HARTSIG 080

Mailing Address 415 YORKSHIRE RD

City	State	Zip Code
CHERRY HILL	NJ	08034

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

Name of Employer Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

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

Transaction ID: SA11AI.39550

Amount of Each Receipt this Period

50.00

**B.**

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 Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.39950

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
DR DARRELL J HOMAN 910

Mailing Address 85 PALM HILL LN

City	State	Zip Code
BRADBURY	CA	91010

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

Name of Employer Occupation  
DOCTOR

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

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

Transaction ID: SA11AI.36384

Amount of Each Receipt this Period

100.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 85

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
DR DARRELL J HOMAN 910

Mailing Address 85 PALM HILL LN

City State Zip Code  
BRADBURY CA 91010

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

Name of Employer Occupation  
DOCTOR

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

Date of Receipt

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

Transaction ID: SA11AI.36385

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
MR BRUCE A 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  
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  
0 7 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.36968

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
MR BRUCE A 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  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.36967

Amount of Each Receipt this Period

100.00

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

250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 85  
(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 CORNELIA D JAHNAKE 068

Mailing Address 125 W LYON FARM DR

City State Zip Code  
GREENWICH CT 06831

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  
11 / 06 / 2007

Transaction ID: SA11AI.37055

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
E L JONES 282, JR

Mailing Address 7035 MARCHING DUCK DR  
VILLA E406

City State Zip Code  
CHARLOTTE NC 28210

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.00

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2007

Transaction ID: SA11AI.36327

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
E L JONES 282, JR

Mailing Address 7035 MARCHING DUCK DR  
VILLA E406

City State Zip Code  
CHARLOTTE NC 28210

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
301.00

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

Transaction ID: SA11AI.36326

Amount of Each Receipt this Period  
100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 85
	<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 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 RANCHER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2007

Transaction ID: SA11AI.37044

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR RALPH W KAUFMANN 175

Mailing Address 950 WILLOW VALLEY LAKES DR #K-202

City State Zip Code  
WILLOW STREET PA 17584

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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2007

Transaction ID: SA11AI.40603

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS CARROLL K KING 085

Mailing Address 2432 WINDROW DR

City State Zip Code  
PRINCETON NJ 08540

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 ▼ 201.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2007

Transaction ID: SA11AI.35506

Amount of Each Receipt this Period  
1.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 601.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 85

(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)  
JOSEPH A KITZMAN 919

Mailing Address 10558 GRANDVIEW DR

City State Zip Code  
LA MESA CA 91941

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 16 / 2007

Transaction ID: SA11AI.41354

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
JOSEPH A KITZMAN 919

Mailing Address 10558 GRANDVIEW DR

City State Zip Code  
LA MESA CA 91941

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  
12 / 10 / 2007

Transaction ID: SA11AI.41355

Amount of Each Receipt this Period

50.00

**C.**

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

Mailing Address 1725 89TH PL N E

City State Zip Code  
CLYDE HILL WA 98004

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
438.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 18 / 2007

Transaction ID: SA11AI.44681

Amount of Each Receipt this Period

263.00

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

563.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS SUSAN KOTTA 115	Date of Receipt
	Mailing Address 33 LITTLEWORTH LN	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 09 / 2007
	City State Zip Code SEA CLIFF NY 11579	<b>Transaction ID:</b> SA11AI.39999
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 102.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 228.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS SUSAN KOTTA 115	Date of Receipt
	Mailing Address 33 LITTLEWORTH LN	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 12 / 10 / 2007
	City State Zip Code SEA CLIFF NY 11579	<b>Transaction ID:</b> SA11AI.40000
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 50.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 278.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS JANE B LAIRD 198	Date of Receipt
	Mailing Address 4031 KENNETT PIKE APT 163	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 06 / 2007
	City State Zip Code WILMINGTON DE 19807	<b>Transaction ID:</b> SA11AI.33134
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 116.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 244.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 268.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MARY JO MANNING 787	Date of Receipt MM / DD / YYYY 11 / 06 / 2007
	Mailing Address 231 PALISADE DR	<b>Transaction ID:</b> SA11AI.45172
	City State Zip Code AUSTIN TX 78737	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR JOHN P MCBRIDE 816	Date of Receipt MM / DD / YYYY 08 / 24 / 2007
	Mailing Address 303 E. ABC	<b>Transaction ID:</b> SA11AI.40260
	City State Zip Code ASPEN CO 81611	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ASPEN BUSINESS CENTER	Occupation BUSINESSMAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR JOHN P MCBRIDE 816	Date of Receipt MM / DD / YYYY 09 / 07 / 2007
	Mailing Address 303 E. ABC	<b>Transaction ID:</b> SA11AI.40261
	City State Zip Code ASPEN CO 81611	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ASPEN BUSINESS CENTER	Occupation BUSINESSMAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 25 / 85  
(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 JUDITH MEYERS 070  
Mailing Address 51 N MAIN ST APT A35  
City BOONTON State NJ Zip Code 07005  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 213.00  
Date of Receipt 10 / 10 / 2007  
Transaction ID: SA11AI.31819  
Amount of Each Receipt this Period 71.00

**B.** Full Name (Last, First, Middle Initial)  
MR JOSEPH H MOORE 853  
Mailing Address PO BOX 5132  
City SUN CITY WEST State AZ Zip Code 85376  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 301.00  
Date of Receipt 10 / 05 / 2007  
Transaction ID: SA11AI.32145  
Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
MR CARL NEFF 442  
Mailing Address 8187 STATE ROUTE 43  
City STREETSBORO State OH Zip Code 44241  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 201.00  
Date of Receipt 08 / 22 / 2007  
Transaction ID: SA11AI.35141  
Amount of Each Receipt this Period 201.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 472.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS WILMA NIXON 440	Date of Receipt MM / DD / YYYY 10 / 03 / 2007
	Mailing Address 8701 MAYFIELD RD LOT 121	<b>Transaction ID:</b> SA11AI.35173
	City State Zip Code CHESTERLAND OH 44026	Amount of Each Receipt this Period 242.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NONE	Occupation RETIRED
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 272.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MR RAY P ODEN 711, JR	Date of Receipt MM / DD / YYYY 12 / 07 / 2007
	Mailing Address 702 THORA BLVD	<b>Transaction ID:</b> SA11AI.31716
	City State Zip Code SHREVEPORT LA 71106	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NONE	Occupation RETIRED
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MR HERMAN R OSTROM 959	Date of Receipt MM / DD / YYYY 12 / 10 / 2007
	Mailing Address 25 CARTER RD	<b>Transaction ID:</b> SA11AI.34699
	City State Zip Code OROVILLE CA 95966	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NONE	Occupation RETIRED
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1342.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 27 / 85  
(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 PATTI PAGE 920  
Mailing Address 404 LOMA LARGA DR

City State Zip Code  
SOLANA BEACH CA 92075

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

Name of Employer SELF EMPLOYED Occupation ENTERTAINER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 02 / 2007  
Transaction ID: SA11AI.42439  
Amount of Each Receipt this Period: 250.00

**B.** 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 NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1041.00

Date of Receipt: 07 / 23 / 2007  
Transaction ID: SA11AI.37690  
Amount of Each Receipt this Period: 41.00

**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 NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1043.00

Date of Receipt: 10 / 02 / 2007  
Transaction ID: SA11AI.37691  
Amount of Each Receipt this Period: 2.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 293.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 85  
(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)  
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 NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1044.00

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

Transaction ID: SA11AI.37689

Amount of Each Receipt this Period  
1.00

**B.**

Full Name (Last, First, Middle Initial)  
MR THEODORE J RISCH 601

Mailing Address 545 INGALTON AVE

City State Zip Code  
WEST CHICAGO IL 60185

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 ▼ 306.00

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

Transaction ID: SA11AI.45157

Amount of Each Receipt this Period  
204.00

**C.**

Full Name (Last, First, Middle Initial)  
MR ANTHONY RYAN 037

Mailing Address 393 DORCHESTER RD

City State Zip Code  
LYME NH 03768

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.38765

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1205.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 85  
(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 ANTHONY RYAN 037

Mailing Address 393 DORCHESTER RD

City State Zip Code  
LYME NH 03768

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

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

**Transaction ID:** SA11AI.38764

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
MR JACK B RYAN 799

Mailing Address 6130 LOS FELINOS CIR

City State Zip Code  
EL PASO TX 79912

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

Name of Employer RANCHO RUIDOSO CORP Occupation REAL ESTATE INVESTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1001.00

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

**Transaction ID:** SA11AI.33212

Amount of Each Receipt this Period  
501.00

**C.** 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 NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 665.00

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

**Transaction ID:** SA11AI.31965

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1026.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS EDITH S RYDER 981	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 0 / 2 0 0 7
	Mailing Address 11280 57TH AVE S	<b>Transaction ID:</b> SA11AI.31966
	City State Zip Code SEATTLE WA 98178	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 690.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) ELIZABETH SCHAFER 921	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7
	Mailing Address 610 1ST ST	<b>Transaction ID:</b> SA11AI.38653
	City State Zip Code CORONADO CA 92118	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NONE Occupation HOMEMAKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 501.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR ROBERT E SMITH 600	Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7
	Mailing Address 122 N SYLVAN DR	<b>Transaction ID:</b> SA11AI.34013
	City State Zip Code MUNDELEIN IL 60060	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 85  
(check only one)

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
MRS SARAH B WILSON 142

Mailing Address 715 RENAISSANCE DR APT 205

City State Zip Code  
**WILLIAMSVILLE NY 14221**

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 ▼ **201.00**

Date of Receipt **11 / 06 / 2007**

**Transaction ID: SA11AI.35638**

Amount of Each Receipt this Period **100.00**

**B.** Full Name (Last, First, Middle Initial)  
MR TIM WORD 781

Mailing Address P O BOX 310330

City State Zip Code  
**NEW BRAUNFELS TX 78131**

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

Name of Employer DEAN WORD CO Occupation **EXECUTIVE**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **11 / 06 / 2007**

**Transaction ID: SA11AI.37762**

Amount of Each Receipt this Period **150.00**

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

Mailing Address 118 S CLIFFWOOD AVE

City State Zip Code  
**LOS ANGELES CA 90049**

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

Name of Employer NONE Occupation **RETIRED**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **07 / 27 / 2007**

**Transaction ID: SA11AI.36630**

Amount of Each Receipt this Period **200.00**

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
DR ROBERT ZAITLIN 900, MD

Mailing Address 118 S CLIFFWOOD AVE

City State Zip Code  
LOS ANGELES CA 90049

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

Name of Employer 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 Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.36629

Amount of Each Receipt this Period  
100.00

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

Mailing Address 118 S CLIFFWOOD AVE

City State Zip Code  
LOS ANGELES CA 90049

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

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

Transaction ID: SA11AI.36628

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00

**TOTAL** This Period (last page this line number only) ..... ► 19398.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 85  
(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)  
CATTERTON PRINTING INC

Mailing Address 100 POST OFFICE ROAD

City State Zip Code  
WALDORF MD 20602

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2513.65

Date of Receipt  
MM / DD / YYYY  
11 / 01 / 2007

Transaction ID: SA15.45191

Amount of Each Receipt this Period  
2513.65

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 ▼  
2696.97

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2007

Transaction ID: SA15.45189

Amount of Each Receipt this Period  
791.35

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 ▼  
3488.32

Date of Receipt  
MM / DD / YYYY  
08 / 02 / 2007

Transaction ID: SA15.45190

Amount of Each Receipt this Period  
791.35

REFUND

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4096.35**

**TOTAL** This Period (last page this line number only) ..... ▶ **4096.35**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 85

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY		Date of Receipt
	Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2007"/>
	City MCLEAN	State VA	Zip Code 22102
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID:</b> SA17.45192
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="35164.93"/>	Amount of Each Receipt this Period <input type="text" value="4137.38"/> LIST RENTAL INCOME

<b>B.</b>	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY		Date of Receipt
	Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2007"/>
	City MCLEAN	State VA	Zip Code 22102
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID:</b> SA17.45193
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="36530.91"/>	Amount of Each Receipt this Period <input type="text" value="1365.98"/> LIST RENTAL INCOME

<b>C.</b>	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY		Date of Receipt
	Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2007"/>
	City MCLEAN	State VA	Zip Code 22102
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID:</b> SA17.45194
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="39365.35"/>	Amount of Each Receipt this Period <input type="text" value="2834.44"/> LIST RENTAL INCOME

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="8337.80"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 85  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<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		Date of Receipt MM / DD / YYYY 09 / 01 / 2007
Mailing Address 1420 SPRING HILL RD STE 490		Transaction ID: SA17.45195
City MCLEAN	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 6045.60
Name of Employer	Occupation	LIST RENTAL INCOME
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 45410.95	

**B.**

Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY		Date of Receipt MM / DD / YYYY 09 / 01 / 2007
Mailing Address 1420 SPRING HILL RD STE 490		Transaction ID: SA17.45196
City MCLEAN	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1010.49
Name of Employer	Occupation	LIST RENTAL INCOME
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 46421.44	

**C.**

Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY		Date of Receipt MM / DD / YYYY 09 / 16 / 2007
Mailing Address 1420 SPRING HILL RD STE 490		Transaction ID: SA17.45197
City MCLEAN	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3260.42
Name of Employer	Occupation	LIST RENTAL INCOME
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 49681.86	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10316.51
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 85  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY		Date of Receipt MM / DD / YYYY 10 / 01 / 2007
Mailing Address 1420 SPRING HILL RD STE 490		Transaction ID: SA17.45198
City MCLEAN	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3993.53
Name of Employer	Occupation	LIST RENTAL INCOME
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 53675.39	

**B.**

Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY		Date of Receipt MM / DD / YYYY 10 / 21 / 2007
Mailing Address 1420 SPRING HILL RD STE 490		Transaction ID: SA17.45199
City MCLEAN	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.86
Name of Employer	Occupation	LIST RENTAL INCOME
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 56376.25	

**C.**

Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY		Date of Receipt MM / DD / YYYY 11 / 01 / 2007
Mailing Address 1420 SPRING HILL RD STE 490		Transaction ID: SA17.45200
City MCLEAN	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1220.73
Name of Employer	Occupation	LIST RENTAL INCOME
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 57596.98	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7915.12
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 85

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY		Date of Receipt
	Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City MCLEAN	State VA	Zip Code 22102
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA17.45201
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="58536.19"/>	Amount of Each Receipt this Period <input type="text" value="939.21"/> LIST RENTAL INCOME

<b>B.</b>	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY		Date of Receipt
	Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City MCLEAN	State VA	Zip Code 22102
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA17.45202
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="63411.83"/>	Amount of Each Receipt this Period <input type="text" value="4875.64"/> LIST RENTAL INCOME

<b>C.</b>	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY		Date of Receipt
	Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
	City MCLEAN	State VA	Zip Code 22102
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA17.45203
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="64134.11"/>	Amount of Each Receipt this Period <input type="text" value="722.28"/> LIST RENTAL INCOME

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

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 38 / 85

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER  Mailing Address 2029 VERDUGO BLVD #1020  City MONTROSE State CA Zip Code 91020  Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.31427 Date of Disbursement 07 / 05 / 2007  Amount of Each Disbursement this Period 2000.00  001 Category/Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER  Mailing Address 2029 VERDUGO BLVD #1020  City MONTROSE State CA Zip Code 91020  Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.31446 Date of Disbursement 07 / 11 / 2007  Amount of Each Disbursement this Period 500.00  001 Category/Type	
<b>C.</b>	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER  Mailing Address 2029 VERDUGO BLVD #1020  City MONTROSE State CA Zip Code 91020  Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.31429 Date of Disbursement 07 / 19 / 2007  Amount of Each Disbursement this Period 1000.00  001 Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER  Mailing Address 2029 VERDUGO BLVD #1020  City MONTROSE State CA Zip Code 91020  Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.31430 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER  Mailing Address 2029 VERDUGO BLVD #1020  City MONTROSE State CA Zip Code 91020  Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.31439 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER  Mailing Address 2029 VERDUGO BLVD #1020  City MONTROSE State CA Zip Code 91020  Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.31428 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 7	Amount of Each Disbursement this Period 2000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31438 Date of Disbursement 08 / 10 / 2007
	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 - POLITICAL & 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) ▼

B.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31437 Date of Disbursement 08 / 24 / 2007
	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 - POLITICAL & 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) ▼

C.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31447 Date of Disbursement 08 / 31 / 2007
	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 - POLITICAL & 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER</p> <p>Mailing Address 2029 VERDUGO BLVD #1020</p> <p>City MONTROSE State CA Zip Code 91020</p> <p>Purpose of Disbursement CONSULTING - POLITICAL &amp; MANAGEMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31436</p> <p>Date of Disbursement 09 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER</p> <p>Mailing Address 2029 VERDUGO BLVD #1020</p> <p>City MONTROSE State CA Zip Code 91020</p> <p>Purpose of Disbursement CONSULTING - POLITICAL &amp; MANAGEMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31448</p> <p>Date of Disbursement 09 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER</p> <p>Mailing Address 2029 VERDUGO BLVD #1020</p> <p>City MONTROSE State CA Zip Code 91020</p> <p>Purpose of Disbursement CONSULTING - POLITICAL &amp; MANAGEMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31453</p> <p>Date of Disbursement 09 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>001 Category/ Type</p>

**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

A.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31449 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT	<input type="text" value="500.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31435 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31450 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT	<input type="text" value="500.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER</p> <p>Mailing Address 2029 VERDUGO BLVD #1020</p> <p>City MONTROSE State CA Zip Code 91020</p> <p>Purpose of Disbursement CONSULTING - POLITICAL &amp; MANAGEMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31434 <b>Date of Disbursement</b> 11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER</p> <p>Mailing Address 2029 VERDUGO BLVD #1020</p> <p>City MONTROSE State CA Zip Code 91020</p> <p>Purpose of Disbursement CONSULTING - POLITICAL &amp; MANAGEMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31433 <b>Date of Disbursement</b> 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER</p> <p>Mailing Address 2029 VERDUGO BLVD #1020</p> <p>City MONTROSE State CA Zip Code 91020</p> <p>Purpose of Disbursement CONSULTING - POLITICAL &amp; MANAGEMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31444 <b>Date of Disbursement</b> 11 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 750.00</p> <p>001 Category/ Type</p>

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

2750.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31432 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31451 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2007"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT	<input type="text" value="500.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31452 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2007"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT	<input type="text" value="500.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 85

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

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

A.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31431 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>1</td><td>2</td><td></td><td>1</td><td>3</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	1	2		1	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	3		2	0	0	7												
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
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:																				

B.	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.45204 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>7</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	7		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	2		2	0	0	7												
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<table border="1"><tr><td>3001.27</td></tr></table>	3001.27																		
3001.27																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.45205 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>7</td><td></td><td>3</td><td>0</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	7		3	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	0	7												
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<table border="1"><tr><td>8418.28</td></tr></table>	8418.28																		
8418.28																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

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

**12419.55**

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.45209 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>1</td><td>0</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	1	0	/	0	8	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	0	8	/	2	0	0	7												
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<table border="1"><tr><td>5010.57</td></tr></table>	5010.57																		
5010.57																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/ Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.45210 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>1</td><td>0</td><td>/</td><td>1</td><td>5</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	1	0	/	1	5	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	1	5	/	2	0	0	7												
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<table border="1"><tr><td>2409.85</td></tr></table>	2409.85																		
2409.85																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/ Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.45211 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>1</td><td>0</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	1	0	/	2	2	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	2	/	2	0	0	7												
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<table border="1"><tr><td>1017.24</td></tr></table>	1017.24																		
1017.24																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/ Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>8437.66</td></tr></table>	8437.66
8437.66		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td> </td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.45212 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="11"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="981.72"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.45213 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="12"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="906.08"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CATTERTON PRINTING INC	Transaction ID: SB21B.45215 Date of Disbursement
	Mailing Address 100 POST OFFICE ROAD	<input type="text" value="07"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City WALDORF State MD Zip Code 20602	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="3270.99"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

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

FOR LINE NUMBER: (check only one)

<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) CATTERTON PRINTING INC	Transaction ID: SB21B.45216 Date of Disbursement
	Mailing Address 100 POST OFFICE ROAD	<input type="text" value="11"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City WALDORF State MD Zip Code 20602	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="9520.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CATTERTON PRINTING INC	Transaction ID: SB21B.45218 Date of Disbursement
	Mailing Address 100 POST OFFICE ROAD	<input type="text" value="12"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City WALDORF State MD Zip Code 20602	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="5899.60"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COLORTREE INC OF VIRGINIA	Transaction ID: SB21B.45222 Date of Disbursement
	Mailing Address 2519 BRITTONS HILL RD	<input type="text" value="11"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City RICHMOND State VA Zip Code 23230	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="1297.80"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="16717.40"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ECG DATA CENTER	Transaction ID: SB21B.45248 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="07"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA PROCESSING Candidate Name	<input type="text" value="3824.03"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) ECG DATA CENTER	Transaction ID: SB21B.45249 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="07"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA PROCESSING Candidate Name	<input type="text" value="4212.74"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) ECG DATA CENTER	Transaction ID: SB21B.45250 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="07"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA PROCESSING Candidate Name	<input type="text" value="372.43"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8409.20"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) <b>ECG DATA CENTER</b>	<b>Transaction ID:</b> SB21B.45251 Date of Disbursement 08 / 20 / 2007	
	Mailing Address 1420 SPRING HILL RD STE 490		
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 1143.11	
	Purpose of Disbursement DATA PROCESSING 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) ▼	
B.	Full Name (Last, First, Middle Initial) <b>ECG DATA CENTER</b>	<b>Transaction ID:</b> SB21B.45252 Date of Disbursement 09 / 10 / 2007	
	Mailing Address 1420 SPRING HILL RD STE 490		
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 298.62	
	Purpose of Disbursement DATA PROCESSING 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) ▼	
C.	Full Name (Last, First, Middle Initial) <b>ECG DATA CENTER</b>	<b>Transaction ID:</b> SB21B.45253 Date of Disbursement 09 / 24 / 2007	
	Mailing Address 1420 SPRING HILL RD STE 490		
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 294.61	
	Purpose of Disbursement DATA PROCESSING 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1736.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ECG DATA CENTER	Transaction ID: SB21B.45257 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="11"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA PROCESSING Candidate Name	<input type="text" value="2063.27"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) ECG DATA CENTER	Transaction ID: SB21B.45258 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="12"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA PROCESSING Candidate Name	<input type="text" value="1528.82"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) ECG DATA CENTER	Transaction ID: SB21B.45259 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="12"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA PROCESSING Candidate Name	<input type="text" value="3442.68"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7034.77"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) GOSCH PRODUCTIONS	Transaction ID: SB21B.31478
	Mailing Address 2227 W OLIVE AVE	Date of Disbursement 08 / 06 / 2007
	City BURBANK State CA Zip Code 91506	Amount of Each Disbursement this Period 433.00
	Purpose of Disbursement PRODUCTION OF WEB VIDEO	004 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) INTEGRAM	Transaction ID: SB21B.45226
	Mailing Address 8421 HILLTOP RD	Date of Disbursement 08 / 06 / 2007
	City FAIRFAX State VA Zip Code 22031	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) INTEGRAM	Transaction ID: SB21B.45227
	Mailing Address 8421 HILLTOP RD	Date of Disbursement 09 / 04 / 2007
	City FAIRFAX State VA Zip Code 22031	Amount of Each Disbursement this Period 3523.00
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7956.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) INTEGRAM	Transaction ID: SB21B.45228
	Mailing Address 8421 HILLTOP RD	Date of Disbursement 10 / 18 / 2007
	City FAIRFAX State VA Zip Code 22031	Amount of Each Disbursement this Period 7150.00
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) INTEGRAM	Transaction ID: SB21B.45229
	Mailing Address 8421 HILLTOP RD	Date of Disbursement 11 / 12 / 2007
	City FAIRFAX State VA Zip Code 22031	Amount of Each Disbursement this Period 6467.09
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) INTEGRAM	Transaction ID: SB21B.45230
	Mailing Address 8421 HILLTOP RD	Date of Disbursement 12 / 28 / 2007
	City FAIRFAX State VA Zip Code 22031	Amount of Each Disbursement this Period 2135.82
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15752.91
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) LEWITT HACKMAN</p> <p>Mailing Address 16633 VENTURA BLVD.</p> <p>City ENCINO State CA Zip Code 91436</p> <p>Purpose of Disbursement LEGAL FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31488</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MDI IMAGING &amp; MAIL</p> <p>Mailing Address 21721-A FILIGREE CT</p> <p>City ASHBURN State VA Zip Code 20147</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.45231</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="989.34"/></p> <p>Category/Type: <input type="text" value="003"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MDI IMAGING &amp; MAIL</p> <p>Mailing Address 21721-A FILIGREE CT</p> <p>City ASHBURN State VA Zip Code 20147</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.45232</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3850.00"/></p> <p>Category/Type: <input type="text" value="003"/></p>

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL	Transaction ID: SB21B.45233
	Mailing Address 21721-A FILIGREE CT	Date of Disbursement 09 / 24 / 2007
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period 7973.00
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL	Transaction ID: SB21B.45234
	Mailing Address 21721-A FILIGREE CT	Date of Disbursement 10 / 01 / 2007
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period 686.00
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL	Transaction ID: SB21B.45235
	Mailing Address 21721-A FILIGREE CT	Date of Disbursement 10 / 29 / 2007
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period 2564.01
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	11223.01
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) MDI IMAGING &amp; MAIL</p> <p>Mailing Address 21721-A FILIGREE CT</p> <p>City ASHBURN State VA Zip Code 20147</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.45236</p> <p>Date of Disbursement 12 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 3992.90</p> <p>003 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) MDI IMAGING &amp; MAIL</p> <p>Mailing Address 21721-A FILIGREE CT</p> <p>City ASHBURN State VA Zip Code 20147</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.45237</p> <p>Date of Disbursement 12 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 2524.88</p> <p>003 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) OFFICE DEPOT</p> <p>Mailing Address 5040 SAN FERNANDO RD</p> <p>City GLENDALE State CA Zip Code 91204</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31490</p> <p>Date of Disbursement 08 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 61.67</p> <p>001 Category/ Type</p>

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

6579.45

**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 60 / 85

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) OFFICE DEPOT Mailing Address 5040 SAN FERNANDO RD City GLENDALE State CA Zip Code 91204 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.31491 Date of Disbursement 11 / 07 / 2007 Amount of Each Disbursement this Period 120.50 001 Category/ Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) OFFICE DEPOT Mailing Address 5040 SAN FERNANDO RD City GLENDALE State CA Zip Code 91204 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.31492 Date of Disbursement 12 / 17 / 2007 Amount of Each Disbursement this Period 260.20 001 Category/ Type	
<b>C.</b>	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY Mailing Address 1420 SPRING HILL RD STE 490 City MCLEAN State VA Zip Code 22102 Purpose of Disbursement FUNDRAISING LIST RENTALS FOR AAI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.45262 Date of Disbursement 07 / 02 / 2007 Amount of Each Disbursement this Period 2411.40 003 Category/ Type	

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

2792.10

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement FUNDRAISING LIST RENTALS FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.45263</p> <p>Date of Disbursement 07 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 1489.10</p> <p>003 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement FUNDRAISING LIST RENTALS FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.45264</p> <p>Date of Disbursement 07 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 3321.23</p> <p>003 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement FUNDRAISING LIST RENTALS FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.45265</p> <p>Date of Disbursement 08 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 460.00</p> <p>003 Category/ Type</p>

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

5270.33

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY	Transaction ID: SB21B.45266 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="09"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement FUNDRAISING LIST RENTALS FOR AAIL Candidate Name	<input type="text" value="879.42"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY	Transaction ID: SB21B.45267 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="12"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement FUNDRAISING LIST RENTALS FOR AAIL Candidate Name	<input type="text" value="2593.14"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) BRANDON POWERS	Transaction ID: SB21B.31455 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="12"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement WEBSITE DEVELOPMENT Candidate Name	<input type="text" value="500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3972.56"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT &amp; PROCESSING INC</p> <p>Mailing Address 4841 DILLON DR</p> <p>City PUEBLO State CO Zip Code 81008</p> <p>Purpose of Disbursement MONEY PROCESSING &amp; ESCROW SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.45269</p> <p>Date of Disbursement 08 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 2040.13</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT &amp; PROCESSING INC</p> <p>Mailing Address 4841 DILLON DR</p> <p>City PUEBLO State CO Zip Code 81008</p> <p>Purpose of Disbursement MONEY PROCESSING &amp; ESCROW SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.45270</p> <p>Date of Disbursement 08 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 3248.82</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT &amp; PROCESSING INC</p> <p>Mailing Address 4841 DILLON DR</p> <p>City PUEBLO State CO Zip Code 81008</p> <p>Purpose of Disbursement MONEY PROCESSING &amp; ESCROW SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.45271</p> <p>Date of Disbursement 09 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 509.88</p> <p>001 Category/ Type</p>

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

5798.83

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement  
MONEY PROCESSING & ESCROW SERVICES

Candidate Name

001  
Category/  
Type

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

Transaction ID: SB21B.45272  
Date of Disbursement

09 / 24 / 2007

Amount of Each Disbursement this Period

3776.19

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

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement  
MONEY PROCESSING & ESCROW SERVICES

Candidate Name

001  
Category/  
Type

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

Transaction ID: SB21B.45273  
Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

2116.70

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

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement  
MONEY PROCESSING & ESCROW SERVICES

Candidate Name

001  
Category/  
Type

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

Transaction ID: SB21B.45274  
Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

1131.17

SUBTOTAL of Disbursements This Page (optional) ▶

7024.06

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC	Transaction ID: SB21B.45275 Date of Disbursement																			
	Mailing Address 4841 DILLON DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</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	1	2		2	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	8		2	0	0	7												
	City PUEBLO State CO Zip Code 81008	Amount of Each Disbursement this Period																			
	Purpose of Disbursement MONEY PROCESSING & ESCROW SERVICES	<table border="1"><tr><td>2296.73</td></tr></table>	2296.73																		
2296.73																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
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:																				

B.	Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC	Transaction ID: SB21B.45277 Date of Disbursement																			
	Mailing Address 4841 DILLON DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>3</td><td>1</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	1	2		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	7												
	City PUEBLO State CO Zip Code 81008	Amount of Each Disbursement this Period																			
	Purpose of Disbursement BANK PROCESSING FEES	<table border="1"><tr><td>1512.46</td></tr></table>	1512.46																		
1512.46																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
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:																				

C.	Full Name (Last, First, Middle Initial) RPALP	Transaction ID: SB21B.45281 Date of Disbursement																			
	Mailing Address 1420 SPRING HILL RD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>0</td><td>1</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	1	0		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	0	7												
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<table border="1"><tr><td>4545.00</td></tr></table>	4545.00																		
4545.00																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>8354.19</td></tr></table>	8354.19
8354.19		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) RPALP	Transaction ID: SB21B.45282 Date of Disbursement 10 / 08 / 2007
	Mailing Address 1420 SPRING HILL RD	Amount of Each Disbursement this Period 4545.00
	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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RPALP	Transaction ID: SB21B.45283 Date of Disbursement 10 / 08 / 2007
	Mailing Address 1420 SPRING HILL RD	Amount of Each Disbursement this Period 4545.00
	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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RPALP	Transaction ID: SB21B.45284 Date of Disbursement 10 / 08 / 2007
	Mailing Address 1420 SPRING HILL RD	Amount of Each Disbursement this Period 4545.00
	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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	13635.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

PAGE 67 / 85

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

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

A.	Full Name (Last, First, Middle Initial) RST MARKETING	Transaction ID: SB21B.45239 Date of Disbursement
	Mailing Address 1272 CORPORATE PARK RD	<input type="text" value="07"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City FOREST State VA Zip Code 24551	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="548.45"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RST MARKETING	Transaction ID: SB21B.45240 Date of Disbursement
	Mailing Address 1272 CORPORATE PARK RD	<input type="text" value="07"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City FOREST State VA Zip Code 24551	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="19600.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RST MARKETING	Transaction ID: SB21B.45241 Date of Disbursement
	Mailing Address 1272 CORPORATE PARK RD	<input type="text" value="10"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City FOREST State VA Zip Code 24551	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="4058.54"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="24206.99"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) RST MARKETING</p> <p>Mailing Address 1272 CORPORATE PARK RD</p> <p>City FOREST State VA Zip Code 24551</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.45242</p> <p>Date of Disbursement 11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 5356.23</p> <p>003 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) SPORTSMAN LODGE HOTEL</p> <p>Mailing Address 12833 VENTURA BLVD</p> <p>City STUDIO CITY State CA Zip Code 91604</p> <p>Purpose of Disbursement ACCOMODATIONS &amp; LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31501</p> <p>Date of Disbursement 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 862.98</p> <p>002 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) SPORTSMAN LODGE HOTEL</p> <p>Mailing Address 12833 VENTURA BLVD</p> <p>City STUDIO CITY State CA Zip Code 91604</p> <p>Purpose of Disbursement ACCOMODATIONS &amp; LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31503</p> <p>Date of Disbursement 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 223.71</p> <p>002 Category/ Type</p>

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

6442.92

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) SPORTSMAN LODGE HOTEL	Transaction ID: SB21B.31505
	Mailing Address 12833 VENTURA BLVD	Date of Disbursement MM / DD / YYYY 11 / 13 / 2007
	City STUDIO CITY State CA Zip Code 91604	Amount of Each Disbursement this Period 206.53
	Purpose of Disbursement ACCOMODATIONS & LODGING Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SPORTSMAN LODGE HOTEL	Transaction ID: SB21B.31506
	Mailing Address 12833 VENTURA BLVD	Date of Disbursement MM / DD / YYYY 11 / 13 / 2007
	City STUDIO CITY State CA Zip Code 91604	Amount of Each Disbursement this Period 23.00
	Purpose of Disbursement ACCOMODATIONS & LODGING Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SPRINT PCS	Transaction ID: SB21B.31509
	Mailing Address 301 N BRAND BLVD	Date of Disbursement MM / DD / YYYY 10 / 22 / 2007
	City GLENDALE State CA Zip Code 91203	Amount of Each Disbursement this Period 120.75
	Purpose of Disbursement PHONE SERVICE 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	350.28
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 70 / 85

<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) TIME WARNER CABLE	Transaction ID: SB21B.31510 Date of Disbursement 07 / 26 / 2007
	Mailing Address 9260 TOPANGA CANYON BLVD	Amount of Each Disbursement this Period 3201.10
	City CHATSWORGH State CA Zip Code 91311	
	Purpose of Disbursement MEDIA - FUNDRAISING Candidate Name	004 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TIME WARNER CABLE	Transaction ID: SB21B.31512 Date of Disbursement 08 / 01 / 2007
	Mailing Address 9260 TOPANGA CANYON BLVD	Amount of Each Disbursement this Period 3009.00
	City CHATSWORGH State CA Zip Code 91311	
	Purpose of Disbursement MEDIA - FUNDRAISING Candidate Name	004 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.31513 Date of Disbursement 07 / 23 / 2007
	Mailing Address 2029 VERDUGO BLVD	Amount of Each Disbursement this Period 23.84
	City MONTROSE State CA 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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

6233.94

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.31514 Date of Disbursement 08 / 13 / 2007
	Mailing Address 2029 VERDUGO BLVD	Amount of Each Disbursement this Period 33.25
	City MONTROSE State CA 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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.31515 Date of Disbursement 11 / 08 / 2007
	Mailing Address 2029 VERDUGO BLVD	Amount of Each Disbursement this Period 18.28
	City MONTROSE State CA 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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.31516 Date of Disbursement 11 / 26 / 2007
	Mailing Address 2029 VERDUGO BLVD	Amount of Each Disbursement this Period 50.44
	City MONTROSE State CA 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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	101.97
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) US POSTMASTER <hr/> Mailing Address 2100 MONTROSE AVE <hr/> City MONTROSE State CA Zip Code 91204 <hr/> Purpose of Disbursement POSTAGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.31517 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 92.00 <hr/> Category/Type 001
<b>B.</b>	Full Name (Last, First, Middle Initial) US POSTMASTER <hr/> Mailing Address 2100 MONTROSE AVE <hr/> City MONTROSE State CA Zip Code 91204 <hr/> Purpose of Disbursement POSTAGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.45243 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> Category/Type 003
<b>C.</b>	Full Name (Last, First, Middle Initial) US POSTMASTER <hr/> Mailing Address 2100 MONTROSE AVE <hr/> City MONTROSE State CA Zip Code 91204 <hr/> Purpose of Disbursement POSTAGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.45244 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> Category/Type 003

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

7092.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 73 / 85

<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) US POSTMASTER	Transaction ID: SB21B.45245 Date of Disbursement
	Mailing Address 2100 MONTROSE AVE	<input type="text" value="10"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MONTROSE State CA Zip Code 91204	Amount of Each Disbursement this Period
	Purpose of Disbursement POSTAGE Candidate Name	<input type="text" value="2000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) US POSTMASTER	Transaction ID: SB21B.45246 Date of Disbursement
	Mailing Address 2100 MONTROSE AVE	<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MONTROSE State CA Zip Code 91204	Amount of Each Disbursement this Period
	Purpose of Disbursement POSTAGE Candidate Name	<input type="text" value="2000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) US POSTMASTER	Transaction ID: SB21B.45247 Date of Disbursement
	Mailing Address 2100 MONTROSE AVE	<input type="text" value="11"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MONTROSE State CA Zip Code 91204	Amount of Each Disbursement this Period
	Purpose of Disbursement POSTAGE Candidate Name	<input type="text" value="175.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4175.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) US STORAGE CENTERS <hr/> Mailing Address 4454 LOWELL AVE <hr/> City LA CRESCENTA State CA Zip Code 91214 Purpose of Disbursement STORAGE FEES Candidate Name	Transaction ID: SB21B.31518 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 7
	Amount of Each Disbursement this Period 135.20
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
<b>B.</b> Full Name (Last, First, Middle Initial) US STORAGE CENTERS <hr/> Mailing Address 4454 LOWELL AVE <hr/> City LA CRESCENTA State CA Zip Code 91214 Purpose of Disbursement STORAGE Candidate Name	Transaction ID: SB21B.31519 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
	Amount of Each Disbursement this Period 355.05
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
<b>C.</b> Full Name (Last, First, Middle Initial) US STORAGE CENTERS <hr/> Mailing Address 4454 LOWELL AVE <hr/> City LA CRESCENTA State CA Zip Code 91214 Purpose of Disbursement STORAGE Candidate Name	Transaction ID: SB21B.31520 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7
	Amount of Each Disbursement this Period 221.85
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

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

712.10

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) VALLEY INN	Transaction ID: SB21B.31525 Date of Disbursement 11 / 13 / 2007
	Mailing Address 4557 SHERMAN OAKS AVE	Amount of Each Disbursement this Period 366.19
	City SHERMAN OAKS State CA Zip Code 91403	
	Purpose of Disbursement LODGING & ACCOMODATIONS	002 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WACO TRIBUNE	Transaction ID: SB21B.31526 Date of Disbursement 08 / 15 / 2007
	Mailing Address 900 FRANKLIN AVE	Amount of Each Disbursement this Period 1451.21
	City WACO State TX Zip Code 76701	
	Purpose of Disbursement PRINT AD - FREE THE BORDER AGENTS	004 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK	Transaction ID: SB21B.31530 Date of Disbursement 09 / 05 / 2007
	Mailing Address PO BOX 5247	Amount of Each Disbursement this Period 70.69
	City DENVER State CO Zip Code 80274	
	Purpose of Disbursement CHECK ORDER CHARGE	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1888.09
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) WELLS FARGO BANK <hr/> Mailing Address PO BOX 5247 <hr/> City DENVER State CO Zip Code 80274 <hr/> Purpose of Disbursement BANK SERVICE CHARGE Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">001</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.31531 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      0 9 / 1 8 / 2 0 0 7                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">2.50</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) ZIP MAILING SERVICES INC <hr/> Mailing Address 288 HANLEY INDUSTRIAL CT <hr/> City ST LOUIS State MO Zip Code 63144 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">003</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.45286 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      0 8 / 0 6 / 2 0 0 7                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">2299.99</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) ZIP MAILING SERVICES INC <hr/> Mailing Address 288 HANLEY INDUSTRIAL CT <hr/> City ST LOUIS State MO Zip Code 63144 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">003</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.45287 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      0 9 / 1 0 / 2 0 0 7                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">6991.02</div>

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

9293.51

**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 77 / 85

<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

Transaction ID: SB21B.45288  
Date of Disbursement

Mailing Address 288 HANLEY INDUSTRIAL CT

<sup>M</sup> 1	<sup>M</sup> 1	/	<sup>D</sup> 1	<sup>D</sup> 2	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 7
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City ST LOUIS State MO Zip Code 63144

Amount of Each Disbursement this Period

935.00
--------

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING FOR AAIL

003
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

935.00
--------

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

255535.97
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER</p> <hr/> <p>Mailing Address 2029 VERDUGO BLVD #1020</p> <hr/> <p>City MONTROSE State CA Zip Code 91020</p> <hr/> <p>Purpose of Disbursement LOAN REPAYMENT</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB26.31440</p> <p><b>Date of Disbursement</b>  <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>7</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <table border="1"> <tr> <td style="text-align: center;">833.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	1		2	0	0	7	833.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	1		2	0	0	7													
833.00																						
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER</p> <hr/> <p>Mailing Address 2029 VERDUGO BLVD #1020</p> <hr/> <p>City MONTROSE State CA Zip Code 91020</p> <hr/> <p>Purpose of Disbursement LOAN REPAYMENT</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB26.31441</p> <p><b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <table border="1"> <tr> <td style="text-align: center;">833.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	7	833.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		3	1		2	0	0	7													
833.00																						
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER</p> <hr/> <p>Mailing Address 2029 VERDUGO BLVD #1020</p> <hr/> <p>City MONTROSE State CA Zip Code 91020</p> <hr/> <p>Purpose of Disbursement LOAN REPAYMENT</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <hr/> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB26.31442</p> <p><b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <hr/> <p><b>Amount of Each Disbursement this Period</b>  <table border="1"> <tr> <td style="text-align: center;">833.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	7	833.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		0	9		2	0	0	7													
833.00																						

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

**2499.00**

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

.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 79 / 85

<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

A.

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

Transaction ID: SB26.31443  
Date of Disbursement

Mailing Address 2029 VERDUGO BLVD  
#1020

<sup>M</sup> 1	<sup>M</sup> /	<sup>D</sup> 19	<sup>D</sup> /	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 7
----------------	----------------	-----------------	----------------	----------------	----------------	----------------	----------------

City MONTROSE State CA Zip Code 91020

Amount of Each Disbursement this Period

833.00
--------

Purpose of Disbursement  
LOAN REPAYMENT

009
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

833.00
--------

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

3332.00
---------

**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 80 / 85

<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

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

A.	Full Name (Last, First, Middle Initial) US TREASURY		Transaction ID: SB29.31522	
	Mailing Address 15TH & PENNSYLVANIA AVE NW		Date of Disbursement 11 / 12 / 2007	
	City WASHINGTON	State DC	Zip Code 20004	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement CONCILIATION AGREEMENT		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	5000.00

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

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

PAGE 81 / 85

FOR LINE 13 OF FORM 3X

**LOANS**

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

**Transaction ID:** SC/10.31059

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2029 VERDUGO BLVD #1020	
City MONTROSE State CA ZIP Code 91020	

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 4 D D 0 4 Y Y Y Y 2 0 0 7	UPON DEMAND	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>835.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>835.00</b>

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.31121	
34678.66			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
21262.52	36566.46	19374.72	

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.30997	
3270.99			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
18595.33	18690.59	3175.73	

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.45220	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
6358.28	1297.80	5060.48	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	27610.93
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period 14434.82	<b>Transaction ID:</b> SD10.31126	
Amount Incurred This Period 12651.32	Payment This Period 22135.04	Outstanding Balance at Close of This Period 4951.10

<b>B.</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 1500.00	<b>Transaction ID:</b> SD10.31127	
Amount Incurred This Period 0.00	Payment This Period 1500.00	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor INTEGRAM	Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR AAI
Mailing Address 8421 HILLTOP RD	
City State ZIP Code FAIRFAX VA 22031	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.45223	
Amount Incurred This Period 38101.72	Payment This Period 23275.91	Outstanding Balance at Close of This Period 14825.81

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	19776.91
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="1265.32"/>		<b>Transaction ID: SD10.31018</b>	
Amount Incurred This Period <input type="text" value="25252.40"/>	Payment This Period <input type="text" value="22580.13"/>	Outstanding Balance at Close of This Period <input type="text" value="3937.59"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="8561.15"/>		<b>Transaction ID: SD10.31130</b>	
Amount Incurred This Period <input type="text" value="3583.24"/>	Payment This Period <input type="text" value="11154.29"/>	Outstanding Balance at Close of This Period <input type="text" value="990.10"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="9575.02"/>		<b>Transaction ID: SD10.31296</b>	
Amount Incurred This Period <input type="text" value="11913.56"/>	Payment This Period <input type="text" value="16632.08"/>	Outstanding Balance at Close of This Period <input type="text" value="4856.50"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="9784.19"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID: SD10.45280</b>	
Amount Incurred This Period 23391.60	Payment This Period 18180.00	Outstanding Balance at Close of This Period 5211.60	

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

Outstanding Balance Beginning This Period 9291.01		<b>Transaction ID: SD10.31304</b>	
Amount Incurred This Period 935.00	Payment This Period 10226.01	Outstanding Balance at Close of This Period 0.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	5211.60
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	62383.63
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	835.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	63218.63