

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

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

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

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

5. Covering Period 04 01 2008 through 06 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer Electronically Filed by SCOTT B MACKENZIE Date 07 15 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		2470.13
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	8638.17									
(c) Total Receipts (from Line 19) .....	43820.82	109949.61								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	52458.99	112419.74								
7. Total Disbursements (from Line 31) .....	49622.55	109583.30								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2836.44	2836.44								
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) .....	85012.87									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4646.00	8993.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	25512.64	72513.69
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	30158.64	81506.69
(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) .....	30158.64	81506.69
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	1976.61
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	13662.18	26466.31
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	43820.82	109949.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	43820.82	109949.61

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	44622.55	104583.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	44622.55	104583.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	5000.00	5000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	49622.55	109583.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49622.55	109583.30

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	30158.64	81506.69
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30158.64	81506.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	44622.55	104583.30
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	1976.61
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	44622.55	102606.69

**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 / 35
	<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

**A.** Full Name (Last, First, Middle Initial)  
MS BARBARA B BAKER 840

Mailing Address 9735 S 500 W

City SANDY State UT Zip Code 84070

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

Name of Employer CHALLENGER SCHOOL Occupation EDUCATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
06 / 04 / 2008

Transaction ID: SA11AI.49788

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
MR RICHARD CLARK 130

Mailing Address EAST LAKE RD RT 4

City CAZENOVIA State NY Zip Code 13035

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.49237

Amount of Each Receipt this Period 200.00

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

Mailing Address 3716 MAPLEWOOD AVE

City DALLAS State TX Zip Code 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 ▼ 1500.00

Date of Receipt MM / DD / YYYY  
04 / 02 / 2008

Transaction ID: SA11AI.48782

Amount of Each Receipt this Period 1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2200.00

**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 7 / 35
	<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 HARRY C FLEMING 570		Date of Receipt
	Mailing Address 1101 1ST ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SPRINGFIELD	SD	57062
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.49511
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR ARNOLD GARRISON 024		Date of Receipt
	Mailing Address 181 PINE RIDGE RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	WABAN	MA	02468
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.48939
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR CAMERON D GLIDEWELL 900		Date of Receipt
	Mailing Address 1227 LE GRAY AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LOS ANGELES	CA	90042
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.49616
Name of Employer DISNEY/ABC INC		Occupation TELEVISION ENGINEER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 650.00
<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 8 / 35
	<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) MS SUZANNE GOTTLIEB 902	Date of Receipt MM / DD / YYYY 04 / 16 / 2008
	Mailing Address 617 N MAPLE DR	<b>Transaction ID:</b> SA11AI.49051
	City State Zip Code BEVERLY HILLS CA 90210	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR BRUCE A JACOBS 982	Date of Receipt MM / DD / YYYY 06 / 06 / 2008
	Mailing Address 1004 COMMERCIAL AVE # 157	<b>Transaction ID:</b> SA11AI.49834
	City State Zip Code ANACORTES WA 98221	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 ▼ 450.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS CARROLL K KING 085	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 2432 WINDROW DR	<b>Transaction ID:</b> SA11AI.49118
	City State Zip Code PRINCETON NJ 08540	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NONE Occupation HOMEMAKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<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 9 / 35

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR 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 ▼ 290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.49730

Amount of Each Receipt this Period

265.00

**B.**

Full Name (Last, First, Middle Initial)  
JAMES W LIEBERT 857

Mailing Address 2302 E HAMPTON ST

City State Zip Code  
TUCSON AZ 85719

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

Name of Employer Occupation

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

Date of Receipt

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

Transaction ID: SA11AI.49432

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
MS BETTY R MARCOM 802

Mailing Address 6940 E GIRARD AVE

City State Zip Code  
DENVER CO 80224

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

Name of Employer Occupation  
NONE RETIRED

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.49749

Amount of Each Receipt this Period

100.00

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

465.00

**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 / 35

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT J MESSERE 189

Mailing Address PO BOX 728

City State Zip Code  
NEW HOPE PA 18938

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
233.00

Date of Receipt

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

Transaction ID: SA11AI.48942

Amount of Each Receipt this Period

135.00

**B.**

Full Name (Last, First, Middle Initial)

MRS JOAN PINCHUK 910

Mailing Address 5381 OCEAN VIEW BLVD

City State Zip Code  
LA CANADA FLINTRID CA 91011

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt

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

Transaction ID: SA11AI.49887

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MS ELAINE M TEMPLIN 921

Mailing Address 4445 CLEVELAND AVE

City State Zip Code  
SAN DIEGO CA 92116

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
212.00

Date of Receipt

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

Transaction ID: SA11AI.48675

Amount of Each Receipt this Period

106.00

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

441.00

**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 / 35  
(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)  
CAPT ALFRED J TOULON 967, JR

Mailing Address PO BOX 666

City State Zip Code  
KOLOA HI 96756

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

Name of Employer Occupation  
US MILITARY OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2008

**Transaction ID:** SA11AI.49796

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MR HARMON J WARD 928, JR

Mailing Address 12551 FLETCHER DR

City State Zip Code  
GARDEN GROVE CA 92840

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2008

**Transaction ID:** SA11AI.49611

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 140.00

**TOTAL** This Period (last page this line number only) ..... ► 4646.00

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

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

FOR LINE NUMBER: PAGE 12 / 35  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address 1420 SPRING HILL RD  
STE 490

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
13337.33

Date of Receipt  

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

**Transaction ID:** SA17.49963

Amount of Each Receipt this Period  
533.20

LIST RENTAL INCOME

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

Mailing Address 1420 SPRING HILL RD  
STE 490

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
16323.45

Date of Receipt  

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

**Transaction ID:** SA17.49964

Amount of Each Receipt this Period  
2986.12

LIST RENTAL INCOME

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

Mailing Address 1420 SPRING HILL RD  
STE 490

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
17072.93

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	3	/	2	0	0	8

**Transaction ID:** SA17.49965

Amount of Each Receipt this Period  
749.48

LIST RENTAL INCOME

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4268.80**

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

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

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

FOR LINE NUMBER: PAGE 13 / 35  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address 1420 SPRING HILL RD  
STE 490

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
17559.91

Date of Receipt  

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

**Transaction ID:** SA17.49966

Amount of Each Receipt this Period  
486.98

LIST RENTAL INCOME

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

Mailing Address 1420 SPRING HILL RD  
STE 490

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20042.15

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	0	8

**Transaction ID:** SA17.49967

Amount of Each Receipt this Period  
2482.24

LIST RENTAL INCOME

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

Mailing Address 1420 SPRING HILL RD  
STE 490

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20073.10

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	7	/	2	0	0	8

**Transaction ID:** SA17.49968

Amount of Each Receipt this Period  
30.95

LIST RENTAL INCOME

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.17**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 35  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address 1420 SPRING HILL RD  
STE 490

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
20571.98

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 4 / 2 0 0 8

**Transaction ID:** SA17.49970

Amount of Each Receipt this Period  
498.88

LIST RENTAL INCOME

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

Mailing Address 1420 SPRING HILL RD  
STE 490

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
24295.48

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 5 / 2 0 0 8

**Transaction ID:** SA17.49969

Amount of Each Receipt this Period  
3723.50

LIST RENTAL INCOME

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

Mailing Address 1420 SPRING HILL RD  
STE 490

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
26466.31

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 5 / 2 0 0 8

**Transaction ID:** SA17.49971

Amount of Each Receipt this Period  
2170.83

LIST RENTAL INCOME

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6393.21**

**TOTAL** This Period (last page this line number only) ..... ► **13662.18**

**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 - PAC MANAGEMENT</p> <p>Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.50004</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 750.00</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 - PAC MANAGEMENT</p> <p>Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.50005</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 500.00</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 - PAC MANAGEMENT</p> <p>Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.50006</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 500.00</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.50007 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - PAC MANAGEMENT	<input type="text" value="300.00"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.50008 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - PAC MANAGEMENT	<input type="text" value="300.00"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.49973 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<input type="text" value="251.38"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="851.38"/>
<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) <b>CAMPAIGN FUNDING DIRECT</b>	<b>Transaction ID:</b> SB21B.49974 Date of Disbursement 05 / 12 / 2008	
	Mailing Address 1420 SPRING HILL RD STE 490		
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 766.32	
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	003 Category/ Type	
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>CATTERTON PRINTING INC</b>	<b>Transaction ID:</b> SB21B.49972 Date of Disbursement 04 / 07 / 2008	
	Mailing Address 100 POST OFFICE ROAD		
	City WALDORF State MD Zip Code 20602	Amount of Each Disbursement this Period 2551.09	
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	003 Category/ Type	
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>ECG DATA CENTER</b>	<b>Transaction ID:</b> SB21B.49975 Date of Disbursement 04 / 07 / 2008	
	Mailing Address 1420 SPRING HILL RD STE 490		
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 615.73	
	Purpose of Disbursement DATA PROCESSING	001 Category/ Type	
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

3933.14

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ECG DATA CENTER	Transaction ID: SB21B.49976 Date of Disbursement 05 / 12 / 2008
	Mailing Address 1420 SPRING HILL RD STE 490	Amount of Each Disbursement this Period 333.02
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement DATA PROCESSING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	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) INTEGRAM	Transaction ID: SB21B.49990 Date of Disbursement 05 / 12 / 2008
	Mailing Address 8421 HILLTOP RD	Amount of Each Disbursement this Period 639.68
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) INTEGRAM	Transaction ID: SB21B.49991 Date of Disbursement 06 / 09 / 2008
	Mailing Address 8421 HILLTOP RD	Amount of Each Disbursement this Period 2000.00
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2972.70
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL	Transaction ID: SB21B.49993
	Mailing Address 21721-A FILIGREE CT	Date of Disbursement 05 / 12 / 2008
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period 1733.07
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	003 Category/Type
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL	Transaction ID: SB21B.49994
	Mailing Address 21721-A FILIGREE CT	Date of Disbursement 05 / 19 / 2008
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	003 Category/Type
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL	Transaction ID: SB21B.49995
	Mailing Address 21721-A FILIGREE CT	Date of Disbursement 06 / 02 / 2008
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	003 Category/Type
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4733.07
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL	Transaction ID: SB21B.49996 Date of Disbursement																			
	Mailing Address 21721-A FILIGREE CT	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	9		2	0	0	8												
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<table border="1"><tr><td>1564.66</td></tr></table>	1564.66																		
1564.66																					
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<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) MDI IMAGING & MAIL	Transaction ID: SB21B.49997 Date of Disbursement																			
	Mailing Address 21721-A FILIGREE CT	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	0	8												
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<table border="1"><tr><td>31.32</td></tr></table>	31.32																		
31.32																					
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<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) MDI IMAGING & MAIL	Transaction ID: SB21B.49998 Date of Disbursement																			
	Mailing Address 21721-A FILIGREE CT	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	8												
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<table border="1"><tr><td>1191.65</td></tr></table>	1191.65																		
1191.65																					
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<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>2787.63</td></tr></table>	2787.63
2787.63		
<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

<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</p> <p>Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B.49999</p> <p><b>Date of Disbursement</b> 06 / 30 / 2008</p> <p><b>Amount of Each Disbursement this Period</b> 210.12</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</p> <p>Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B.50000</p> <p><b>Date of Disbursement</b> 06 / 30 / 2008</p> <p><b>Amount of Each Disbursement this Period</b> 500.00</p> <p>003 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement LIST RENTALS</p> <p>Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B.49989</p> <p><b>Date of Disbursement</b> 04 / 14 / 2008</p> <p><b>Amount of Each Disbursement this Period</b> 1091.34</p> <p>003 Category/ Type</p>

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

1801.46

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY	Transaction ID: SB21B.49992 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement LIST RENTALS	<input type="text" value="915.35"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC	Transaction ID: SB21B.49984 Date of Disbursement
	Mailing Address 4841 DILLON DR	<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City PUEBLO State CO Zip Code 81008	Amount of Each Disbursement this Period
	Purpose of Disbursement CAGING & ESCROW SERVICES	<input type="text" value="952.50"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC	Transaction ID: SB21B.49985 Date of Disbursement
	Mailing Address 4841 DILLON DR	<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City PUEBLO State CO Zip Code 81008	Amount of Each Disbursement this Period
	Purpose of Disbursement CAGING & ESCROW SERVICES	<input type="text" value="42.21"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1910.06"/>
<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 23 / 35

<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.49986

Date of Disbursement

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

Mailing Address 4841 DILLON DR

Amount of Each Disbursement this Period

1066.00
---------

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement  
CAGING & ESCROW SERVICES

001
Category/ Type

Candidate Name  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

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

State: District:

B.

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

Transaction ID: SB21B.49987

Date of Disbursement

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

Mailing Address 4841 DILLON DR

Amount of Each Disbursement this Period

930.48
--------

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement  
CAGING & ESCROW SERVICES

001
Category/ Type

Candidate Name  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

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

State: District:

C.

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

Transaction ID: SB21B.49988

Date of Disbursement

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

Mailing Address 4841 DILLON DR

Amount of Each Disbursement this Period

272.52
--------

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement  
CAGING & ESCROW SERVICES

001
Category/ Type

Candidate Name  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

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

State: District:

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

2269.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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.49977 Date of Disbursement 04 / 07 / 2008
	Mailing Address 1420 SPRING HILL RD	Amount of Each Disbursement this Period 4807.60
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	
B.	Full Name (Last, First, Middle Initial) RPALP	Transaction ID: SB21B.49978 Date of Disbursement 04 / 14 / 2008
	Mailing Address 1420 SPRING HILL RD	Amount of Each Disbursement this Period 1000.00
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	
C.	Full Name (Last, First, Middle Initial) RPALP	Transaction ID: SB21B.49979 Date of Disbursement 04 / 21 / 2008
	Mailing Address 1420 SPRING HILL RD	Amount of Each Disbursement this Period 4080.40
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

9888.00

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

<b>A.</b> Full Name (Last, First, Middle Initial) RPALP Mailing Address 1420 SPRING HILL RD City MCLEAN State VA Zip Code 22102 Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.49980 Date of Disbursement 04 / 21 / 2008
	Amount of Each Disbursement this Period 96.62
<b>B.</b> Full Name (Last, First, Middle Initial) RPALP Mailing Address 1420 SPRING HILL RD City MCLEAN State VA Zip Code 22102 Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.49981 Date of Disbursement 04 / 21 / 2008
	Amount of Each Disbursement this Period 3904.22
<b>C.</b> Full Name (Last, First, Middle Initial) RPALP Mailing Address 1420 SPRING HILL RD City MCLEAN State VA Zip Code 22102 Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.49982 Date of Disbursement 06 / 02 / 2008
	Amount of Each Disbursement this Period 3892.94

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

7893.78

**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) RPALP	Transaction ID: SB21B.49983 Date of Disbursement 06 / 09 / 2008
	Mailing Address 1420 SPRING HILL RD	Amount of Each Disbursement this Period 3307.75
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK	Transaction ID: SB21B.50001 Date of Disbursement 04 / 30 / 2008
	Mailing Address PO BOX 5247	Amount of Each Disbursement this Period 115.73
	City DENVER State CO Zip Code 80274	
	Purpose of Disbursement BANK CHARGE Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	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) WELLS FARGO BANK	Transaction ID: SB21B.50002 Date of Disbursement 05 / 31 / 2008
	Mailing Address PO BOX 5247	Amount of Each Disbursement this Period 146.05
	City DENVER State CO Zip Code 80274	
	Purpose of Disbursement BANK CHARGE Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	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) .....	<b>3569.53</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 35

<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) WELLS FARGO BANK <hr/> Mailing Address PO BOX 5247 <hr/> City DENVER State CO Zip Code 80274 <hr/> Purpose of Disbursement BANK CHARGE Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.50013 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 36.50 Category/Type 001
<b>B.</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 CHARGE Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.50003 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 130.74 Category/Type 001

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

167.24

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

44526.99

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 35

<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)  
FEDERAL ELECTION COMMISSION

Transaction ID: SB29.50011

Date of Disbursement

Mailing Address 999 E STREET NW

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	0	8

City State Zip Code  
WASHINGTON DC 20143

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
ADR PAYMENT

001
Category/ Type

Candidate Name  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

5000.00
---------

TOTAL 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

FOR LINE 13 OF FORM 3X

**LOANS**

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

Transaction ID: SC/10.31059

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

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 2029 VERDUGO BLVD  
#1020

City MONTROSE State CA ZIP Code 91020

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

**TERMS**

Date Incurred: MM 04 DD 04 YYYY 2007 Date Due: UPON DEMAND Interest Rate: 0.0000 % (apr) Secured:  Yes  No

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

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

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

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period 8989.72		<b>Transaction ID:</b> SD10.31120	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8989.72	

<b>B. 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 24089.51		<b>Transaction ID:</b> SD10.31121	
Amount Incurred This Period 0.00	Payment This Period 1017.70	Outstanding Balance at Close of This Period 23071.81	

<b>C. 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 -5109.88		<b>Transaction ID:</b> SD10.30997	
Amount Incurred This Period 7660.97	Payment This Period 2551.09	Outstanding Balance at Close of This Period 0.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	32061.53
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 2152.50		Transaction ID: SD10.45220	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2152.50	

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

Outstanding Balance Beginning This Period 16101.30		Transaction ID: SD10.31124	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 16101.30	

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

Outstanding Balance Beginning This Period 75.00		Transaction ID: SD10.31125	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 75.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	18328.80
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 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 8691.64	<b>Transaction ID:</b> SD10.31126	
Amount Incurred This Period 0.00	Payment This Period 948.75	Outstanding Balance at Close of This Period 7742.89

<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 3882.80	<b>Transaction ID:</b> SD10.31127	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3882.80

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

Outstanding Balance Beginning This Period 2585.00	<b>Transaction ID:</b> SD10.31128	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2585.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	14210.69
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

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

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

Outstanding Balance Beginning This Period 3113.25	<b>Transaction ID:</b> SD10.31129	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3113.25

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

Outstanding Balance Beginning This Period -3640.55	<b>Transaction ID:</b> SD10.31018	
Amount Incurred This Period 11871.37	Payment This Period 8230.82	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 3490.99	<b>Transaction ID:</b> SD10.31130	
Amount Incurred This Period 0.00	Payment This Period 2006.69	Outstanding Balance at Close of This Period 1484.30

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>4597.55</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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 1606.22		<b>Transaction ID:</b> SD10.31296	
Amount Incurred This Period 1657.49	Payment This Period 3263.71	Outstanding Balance at Close of This Period 0.00	

<b>B. 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 6919.84		<b>Transaction ID:</b> SD10.45280	
Amount Incurred This Period 14169.69	Payment This Period 21089.53	Outstanding Balance at Close of This Period 0.00	

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

Outstanding Balance Beginning This Period 2843.40		<b>Transaction ID:</b> SD10.31132	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2843.40	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	2843.40
<b>2) TOTALS</b> This Period (last page this line number only).....	[ ]
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	[ ]
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	[ ]

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 35 / 35	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.31133	
12135.90			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	12135.90	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	12135.90
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	84177.87
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)	▶	85012.87