

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2006 through 03 31 2006

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

Type or Print Name of Treasurer MR JOHN W LEUTHOLD

Signature of Treasurer Electronically Filed by MR JOHN W LEUTHOLD Date 10 15 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		12057.23
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	12057.23									
(c) Total Receipts (from Line 19) .....	111726.71	111726.71								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	123783.94	123783.94								
7. Total Disbursements (from Line 31) .....	97732.76	97732.76								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	26051.18	26051.18								
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) .....	117961.61									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	6558.00	6558.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	105168.71	105168.71
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	111726.71	111726.71
(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) .....	111726.71	111726.71
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	111726.71	111726.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	111726.71	111726.71

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<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.....	95632.76	95632.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	95632.76	95632.76
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.....	2100.00	2100.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	97732.76	97732.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	97732.76	97732.76

**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) .....	111726.71	111726.71
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	111726.71	111726.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	95632.76	95632.76
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	95632.76	95632.76

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 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

<b>A.</b> Full Name (Last, First, Middle Initial) MS TIA A ATKINS		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 6	
Mailing Address 18321 SW PACIFIC HWY		<b>Transaction ID:</b> SA11A1.13266	
City TUALATIN	State OR	Zip Code 97062	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MS TIA A ATKINS		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 7 / 2 0 0 6	
Mailing Address 18321 SW PACIFIC HWY		<b>Transaction ID:</b> SA11A1.15308	
City TUALATIN	State OR	Zip Code 97062	Amount of Each Receipt this Period 375.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00		

<b>C.</b> Full Name (Last, First, Middle Initial) DR ROBERT BUCHANAN		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 8 / 2 0 0 6	
Mailing Address 4751 EAGLERIDGE CIR #108		<b>Transaction ID:</b> SA11A1.16305	
City PUEBLO	State CO	Zip Code 81008	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation DOCTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

**A.** Full Name (Last, First, Middle Initial)  
MR JOHN WM GALBRAITH

Mailing Address 500 CRESTWOOD DR APT 1604

City State Zip Code  
CHARLOTTESVILLE VA 22903

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

Transaction ID: SA11A1.15322

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 4123 MARY ELLEN AVE

City State Zip Code  
STUDIO CITY CA 91604

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

Name of Employer Occupation  
N/A RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

Transaction ID: SA11A1.14581

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4123 MARY ELLEN AVE

City State Zip Code  
STUDIO CITY CA 91604

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

Name of Employer Occupation  
N/A RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

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

Transaction ID: SA11A1.15760

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 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

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

Mailing Address 4123 MARY ELLEN AVE

City State Zip Code  
STUDIO CITY CA 91604

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2006

Transaction ID: SA11A1.16432

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MR CHARLES JOHNSON

Mailing Address 3702 ESTO AVE

City State Zip Code  
EL MONTE CA 91731

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
408.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2006

Transaction ID: SA11A1.19367

Amount of Each Receipt this Period  
408.00

**C.** Full Name (Last, First, Middle Initial)  
MR RAY ODEN, JR

Mailing Address 702 THORA BLVD

City State Zip Code  
SHREVEPORT LA 71106

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1700.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2006

Transaction ID: SA11A1.15243

Amount of Each Receipt this Period  
1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2008.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 35
	<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 L RICHARDSON, JR

Mailing Address 7 INDIAN SPRING RD

City NORWALK State CT Zip Code 06853

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 29 / 2006

Transaction ID: SA11A1.19283

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 610 1ST ST

City CORONADO State CA Zip Code 92118

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 12 / 2006

Transaction ID: SA11A1.13236

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
ELIZABETH SCHAFFER

Mailing Address 610 1ST ST

City CORONADO State CA Zip Code 92118

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 06 / 2006

Transaction ID: SA11A1.15107

Amount of Each Receipt this Period  
 100.00

<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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 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)  
MABELLE JEAN SMITH

Mailing Address 8545 MISSION GORGE RD  
SPC 224

City State Zip Code  
SANTEE CA 92071

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2006

Transaction ID: SA11A1.15847

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
MRS EDGAR UIHLEIN

Mailing Address 1001 SHERIDAN RD

City State Zip Code  
LAKE BLUFF IL 60044

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

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2006

Transaction ID: SA11A1.15298

Amount of Each Receipt this Period  
750.00

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

Mailing Address QUAIL RUN 21 ASPEN C

City State Zip Code  
BOYNTON BEACH FL 33436

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

Name of Employer Occupation  
N/A RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2006

Transaction ID: SA11A1.18962

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MARY ELIZABETH WHITE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address 4461 STACK BLVD APT E130		<b>Transaction ID: SA11A1.16205</b>	
City MELBOURNE      State FL      Zip Code 32901	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 ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. MARY ELIZABETH WHITE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address 4461 STACK BLVD APT E130		<b>Transaction ID: SA11A1.18309</b>	
City MELBOURNE      State FL      Zip Code 32901	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 ▼ 295.00	

Full Name (Last, First, Middle Initial) <b>C. MR GEORGE WRENN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006	
Mailing Address P O BOX 247		<b>Transaction ID: SA11A1.16316</b>	
City FREEDOM      State NH      Zip Code 03836	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A      Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 118 S CLIFFWOOD AVE

City State Zip Code  
LOS ANGELES CA 90049

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

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

Transaction ID: SA11A1.19654

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	6558.00

**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)

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

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

Full Name (Last, First, Middle Initial) <b>A. MR ALLEN BRANDSTATER</b>		<b>Transaction ID: SB21B.40692</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 1241 OAK CIRCLE DRIVE		Amount of Each Disbursement this Period 202.12
City GLENDALE State CA Zip Code 91208	Purpose of Disbursement TRAVEL & REIMB EXPENSES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002

Full Name (Last, First, Middle Initial) <b>B. BULK MAILING &amp; ADDRESSING, INC.</b>		<b>Transaction ID: SB21B.40524</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address 1328 CHARWOOD ROAD		Amount of Each Disbursement this Period 22315.00
City HANOVER State MD Zip Code 21076	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

Full Name (Last, First, Middle Initial) <b>C. BULK MAILING &amp; ADDRESSING, INC.</b>		<b>Transaction ID: SB21B.40525</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 1328 CHARWOOD ROAD		Amount of Each Disbursement this Period 1415.00
City HANOVER State MD Zip Code 21076	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	23932.12
<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. BULK MAILING &amp; ADDRESSING, INC.</b>		<b>Transaction ID: SB21B.40527</b>	
Mailing Address 1328 CHARWOOD ROAD		Date of Disbursement MM / DD / YYYY 03 / 06 / 2006	
City HANOVER	State MD	Zip Code 21076	Amount of Each Disbursement this Period 3359.00
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:			

Full Name (Last, First, Middle Initial) <b>B. BULK MAILING &amp; ADDRESSING, INC.</b>		<b>Transaction ID: SB21B.40536</b>	
Mailing Address 1328 CHARWOOD ROAD		Date of Disbursement MM / DD / YYYY 03 / 27 / 2006	
City HANOVER	State MD	Zip Code 21076	Amount of Each Disbursement this Period 10165.00
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:			

Full Name (Last, First, Middle Initial) <b>C. BULK MAILING &amp; ADDRESSING, INC.</b>		<b>Transaction ID: SB21B.40708</b>	
Mailing Address 1328 CHARWOOD ROAD		Date of Disbursement MM / DD / YYYY 03 / 31 / 2006	
City HANOVER	State MD	Zip Code 21076	Amount of Each Disbursement this Period 37254.00
Purpose of Disbursement ADJUSTMENT		003	Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>50778.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. BULK MAILING &amp; ADDRESSING, INC.</b>		<b>Transaction ID:</b> SB21B.40730 Date of Disbursement
Mailing Address 1328 CHARWOOD ROAD		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City HANOVER	State MD	Zip Code 21076
Purpose of Disbursement REVERSAL	<input type="text" value="003"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="-37254.00"/>

Full Name (Last, First, Middle Initial) <b>B. CAMPAIGN FUNDING DIRECT</b>		<b>Transaction ID:</b> SB21B.40506 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL	<input type="text" value="003"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="10000.00"/>

Full Name (Last, First, Middle Initial) <b>C. CAMPAIGN FUNDING DIRECT</b>		<b>Transaction ID:</b> SB21B.40515 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL	<input type="text" value="003"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="20370.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="-6884.00"/>
<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. CAMPAIGN FUNDING DIRECT</b>		Transaction ID: SB21B.40710 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement ADJUSTMENT	<input type="text" value="003"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="30370.00"/>	

Full Name (Last, First, Middle Initial) <b>B. CAMPAIGN FUNDING DIRECT</b>		Transaction ID: SB21B.40731 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement REVERSAL	<input type="text" value="003"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="-30370.00"/>	

Full Name (Last, First, Middle Initial) <b>C. CATTERTON PRINTING &amp; MAILSHOP</b>		Transaction ID: SB21B.40712 Date of Disbursement
Mailing Address 100 POST OFFICE RD		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City WALDORF	State MD	Zip Code 20602
Purpose of Disbursement ADJUSTMENT	<input type="text" value="003"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="3817.89"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3817.89"/>
<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

Full Name (Last, First, Middle Initial) <b>A. CATTERTON PRINTING, INC.</b>		<b>Transaction ID: SB21B.40529</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 100 POST OFFICE ROAD		Amount of Each Disbursement this Period 740.19
City WALDORF State MD Zip Code 20602	003 Category/Type	
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CATTERTON PRINTING, INC.</b>		<b>Transaction ID: SB21B.40535</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address 100 POST OFFICE ROAD		Amount of Each Disbursement this Period 3077.70
City WALDORF State MD Zip Code 20602	003 Category/Type	
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. DM GROUP</b>		<b>Transaction ID: SB21B.40518</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address 201 SKIPJACK ROAD		Amount of Each Disbursement this Period 2365.00
City PRINCE FREDERICK State MD Zip Code 20678	003 Category/Type	
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6182.89</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. DM GROUP</b>		<b>Transaction ID:</b> SB21B.40729 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 201 SKIPJACK ROAD		Amount of Each Disbursement this Period 2365.00
City PRINCE FREDERICK State MD Zip Code 20678	Purpose of Disbursement ADJUSTMENT Candidate Name Category/Type 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) ▼

Full Name (Last, First, Middle Initial) <b>B. DM GROUP</b>		<b>Transaction ID:</b> SB21B.40733 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 201 SKIPJACK ROAD		Amount of Each Disbursement this Period -2365.00
City PRINCE FREDERICK State MD Zip Code 20678	Purpose of Disbursement REVERSAL Candidate Name Category/Type 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) ▼

Full Name (Last, First, Middle Initial) <b>C. EBERLE COMMUNICATIONS GROUP</b>		<b>Transaction ID:</b> SB21B.40505 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 1420 SPRING HILL ROAD, SUITE 490		Amount of Each Disbursement this Period 665.00
City MCLEAN State VA Zip Code 22102	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name Category/Type 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) ..... ▶	665.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. ECG DATA CENTER</b>		<b>Transaction ID:</b> SB21B.40519 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DATA PROCESSING	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="2555.36"/>

Full Name (Last, First, Middle Initial) <b>B. ECG DATA CENTER</b>		<b>Transaction ID:</b> SB21B.40716 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement ADJUSTMENT	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="2605.36"/>

Full Name (Last, First, Middle Initial) <b>C. ECG DATA CENTER</b>		<b>Transaction ID:</b> SB21B.40734 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement REVERSAL	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="-2605.36"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2555.36"/>
<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

Full Name (Last, First, Middle Initial) <b>A. GILLIS DATA &amp; INFORMATION SERVICES, LLC</b>		<b>Transaction ID:</b> SB21B.40508
Mailing Address 8990 WESTCHESTER DRIVE		Date of Disbursement MM / DD / YYYY 01 / 04 / 2006
City MANASSAS	State VA	Zip Code 20112
Purpose of Disbursement DATA PROCESSING	Amount of Each Disbursement this Period 2000.00	
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GILLIS DATA &amp; INFORMATION SERVICES, LLC</b>		<b>Transaction ID:</b> SB21B.40521
Mailing Address 8990 WESTCHESTER DRIVE		Date of Disbursement MM / DD / YYYY 02 / 13 / 2006
City MANASSAS	State VA	Zip Code 20112
Purpose of Disbursement DATA PROCESSING	Amount of Each Disbursement this Period 7.16	
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GILLIS DATA &amp; INFORMATION SERVICES, LLC</b>		<b>Transaction ID:</b> SB21B.40526
Mailing Address 8990 WESTCHESTER DRIVE		Date of Disbursement MM / DD / YYYY 02 / 23 / 2006
City MANASSAS	State VA	Zip Code 20112
Purpose of Disbursement DATA PROCESSING	Amount of Each Disbursement this Period 2724.83	
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4731.99</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. GILLIS DATA &amp; INFORMATION SERVICES, LLC</b>		<b>Transaction ID: SB21B.40718</b> Date of Disbursement
Mailing Address 8990 WESTCHESTER DRIVE		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City MANASSAS	State VA	Zip Code 20112
Purpose of Disbursement ADJUSTMENT	<input type="text" value="001"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>B. GILLIS DATA &amp; INFORMATION SERVICES, LLC</b>		<b>Transaction ID: SB21B.40735</b> Date of Disbursement
Mailing Address 8990 WESTCHESTER DRIVE		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City MANASSAS	State VA	Zip Code 20112
Purpose of Disbursement REVERSAL	<input type="text" value="003"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>C. MDI IMAGING &amp; MAIL</b>		<b>Transaction ID: SB21B.40514</b> Date of Disbursement
Mailing Address 21721-A FILIGREE CT		<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL	<input type="text" value="003"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

**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

Full Name (Last, First, Middle Initial) <b>A. MDI IMAGING &amp; MAIL</b>		<b>Transaction ID:</b> SB21B.40522 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>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		1	3		2	0	0	6													
City ASHBURN	State VA	Zip Code 20147																				
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL		<table border="1"><tr><td>003</td></tr></table>	003																			
003																						
Candidate Name		Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period  

33.20
-------

Full Name (Last, First, Middle Initial) <b>B. MDI IMAGING &amp; MAIL</b>		<b>Transaction ID:</b> SB21B.40530 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>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	6		2	0	0	6													
City ASHBURN	State VA	Zip Code 20147																				
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL		<table border="1"><tr><td>003</td></tr></table>	003																			
003																						
Candidate Name		Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period  

1717.76
---------

Full Name (Last, First, Middle Initial) <b>C. MDI IMAGING &amp; MAIL</b>		<b>Transaction ID:</b> SB21B.40721 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>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	1		2	0	0	6													
City ASHBURN	State VA	Zip Code 20147																				
Purpose of Disbursement ADJUSTMENT		<table border="1"><tr><td>003</td></tr></table>	003																			
003																						
Candidate Name		Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period  

2356.96
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>4107.92</td></tr></table>	4107.92
4107.92		
<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

Full Name (Last, First, Middle Initial) <b>A. MDI IMAGING &amp; MAIL</b>		<b>Transaction ID:</b> SB21B.40736 Date of Disbursement
Mailing Address 21721-A FILIGREE CT		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement REVERSAL	<input type="text" value="003"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="-2356.96"/>

Full Name (Last, First, Middle Initial) <b>B. OMEGA LIST COMPANY</b>		<b>Transaction ID:</b> SB21B.40517 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement LIST RENTALS	<input type="text" value="003"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="1590.40"/>

Full Name (Last, First, Middle Initial) <b>C. OMEGA LIST COMPANY</b>		<b>Transaction ID:</b> SB21B.40520 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2006"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement LIST RENTALS	<input type="text" value="003"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="945.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="178.44"/>
<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 25 / 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

Full Name (Last, First, Middle Initial)

**A. PREMIER FULFILLMENT & PROCESSING INC**

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement  
CAGING & ESCROW

Candidate Name

001  
Category/  
Type

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

Transaction ID: SB21B.40531

Date of Disbursement

03 / 06 / 2006

Amount of Each Disbursement this Period

36.12

**B. PREMIER FULFILLMENT & PROCESSING INC**

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement  
CAGING & ESCROW

Candidate Name

001  
Category/  
Type

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

Transaction ID: SB21B.40532

Date of Disbursement

03 / 06 / 2006

Amount of Each Disbursement this Period

187.57

**C. PREMIER FULFILLMENT & PROCESSING INC**

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement  
ADJUSTMENT

Candidate Name

001  
Category/  
Type

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

Transaction ID: SB21B.40725

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

1732.01

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

1955.70

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. PREMIER FULFILLMENT & PROCESSING INC**

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement  
REVERSAL

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.40738

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

-1732.01

Full Name (Last, First, Middle Initial)

**B. TRI-STATE ENVELOPE CORP**

Mailing Address 6900 FAIGLE ROAD  
BOX 433

City BELTSVILLE State MD Zip Code 20705

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING FOR AAIL

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.40726

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

1358.82

Full Name (Last, First, Middle Initial)

**C. TRI-STATE ENVELOPE CORP.**

Mailing Address 1 ORGLER PL

City ASHLAND State PA Zip Code 17921

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING FOR AAIL

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.40534

Date of Disbursement

03 / 06 / 2006

Amount of Each Disbursement this Period

1358.82

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

985.63

**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 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

Full Name (Last, First, Middle Initial) <b>A. WELLS FARGO BANK</b>		<b>Transaction ID:</b> SB21B.40695
Mailing Address PO BOX 5247		Date of Disbursement MM / DD / YYYY 02 / 21 / 2006
City DENVER	State CO	Zip Code 80274
Purpose of Disbursement ACCOUNT ANALYSIS CHARGE		Amount of Each Disbursement this Period <b>162.41</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <b>001</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. WELLS FARGO BANK</b>		<b>Transaction ID:</b> SB21B.40696
Mailing Address PO BOX 5247		Date of Disbursement MM / DD / YYYY 03 / 20 / 2006
City DENVER	State CO	Zip Code 80274
Purpose of Disbursement ACCOUNT ANALYSIS CHARGE		Amount of Each Disbursement this Period <b>88.56</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <b>001</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. WEST END PRINTING</b>		<b>Transaction ID:</b> SB21B.40537
Mailing Address 1619 SHERWOOD AVE		Date of Disbursement MM / DD / YYYY 03 / 27 / 2006
City RICHMOND	State VA	Zip Code 23220
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL		Amount of Each Disbursement this Period <b>4765.63</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <b>003</b>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5016.60</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)

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

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

Full Name (Last, First, Middle Initial) <b>A. WEST END PRINTING</b>		<b>Transaction ID:</b> SB21B.40727																					
Mailing Address 1619 SHERWOOD AVE		Date of Disbursement																					
City RICHMOND State VA Zip Code 23220		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	1		2	0	0	6														
Purpose of Disbursement ADJUSTMENT		Amount of Each Disbursement this Period																					
Candidate Name		4765.63																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type 003																					
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) <b>B. WEST END PRINTING</b>		<b>Transaction ID:</b> SB21B.40740																					
Mailing Address 1619 SHERWOOD AVE		Date of Disbursement																					
City RICHMOND State VA Zip Code 23220		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	1		2	0	0	6														
Purpose of Disbursement REVERSAL		Amount of Each Disbursement this Period																					
Candidate Name		-4765.63																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type 003																					
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

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

0.00

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

100076.67

**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

Full Name (Last, First, Middle Initial) <b>A. MR ALLEN BRANDSTATER</b>		<b>Transaction ID: SB26.40742</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 1241 OAK CIRCLE DRIVE		Amount of Each Disbursement this Period 100.00
City GLENDALE State CA Zip Code 91208	Purpose of Disbursement LOAN REPAYMENT Candidate Name Category/Type 009	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. MR ALLEN BRANDSTATER</b>		<b>Transaction ID: SB26.40699</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1241 OAK CIRCLE DRIVE		Amount of Each Disbursement this Period 1000.00
City GLENDALE State CA Zip Code 91208	Purpose of Disbursement LOAN REPAYMENT Candidate Name Category/Type 009	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. MR ALLEN BRANDSTATER</b>		<b>Transaction ID: SB26.40693</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 1241 OAK CIRCLE DRIVE		Amount of Each Disbursement this Period 1000.00
City GLENDALE State CA Zip Code 91208	Purpose of Disbursement LOAN REPAYMENT Candidate Name Category/Type 009	
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>2100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>2100.00</b>

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 30 / 35 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)  
**AMERICANS AGAINST ILLEGAL IMMIGRATION PAC**

**Transaction ID: SC/10.11562**

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

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

Date Incurred M M 1 2 D D 0 2 Y Y Y Y 2 0 0 5	Date Due ON DEMAND	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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) .....	<input style="width: 100%;" type="text" value="900.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value="900.00"/>

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> SD10.40707	
Amount Incurred This Period 41403.58	Payment This Period 37254.00	Outstanding Balance at Close of This Period 4149.58

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

Outstanding Balance Beginning This Period 48759.88	<b>Transaction ID:</b> SD10.11517	
Amount Incurred This Period 14071.23	Payment This Period 30370.00	Outstanding Balance at Close of This Period 32461.11

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

Outstanding Balance Beginning This Period 3817.89	<b>Transaction ID:</b> SD10.11518	
Amount Incurred This Period 0.00	Payment This Period 3817.89	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	36610.69
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTALS 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 COLORTREE	Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR AAI
Mailing Address 2519 BRITTONS HILL RD	
City State ZIP Code RICHMOND VA 23230	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.40711</b>	
Amount Incurred This Period 14368.15	Payment This Period 0.00	Outstanding Balance at Close of This Period 14368.15

<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 State ZIP Code MCLEAN VA 22102	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.40713</b>	
Amount Incurred This Period 13432.10	Payment This Period 0.00	Outstanding Balance at Close of This Period 13432.10

<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 State ZIP Code PRINCE FREDERICK MD 20678	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.40714</b>	
Amount Incurred This Period 4212.88	Payment This Period 2365.00	Outstanding Balance at Close of This Period 1847.88

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>29648.13</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS 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 <input type="text" value="3951.30"/>	<b>Transaction ID:</b> SD10.11519	
Amount Incurred This Period <input type="text" value="4509.27"/>	Payment This Period <input type="text" value="2605.36"/>	Outstanding Balance at Close of This Period <input type="text" value="5855.21"/>

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> SD10.40717	
Amount Incurred This Period <input type="text" value="6956.99"/>	Payment This Period <input type="text" value="4731.99"/>	Outstanding Balance at Close of This Period <input type="text" value="2225.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> SD10.40719	
Amount Incurred This Period <input type="text" value="2058.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2058.00"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="10138.21"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS 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.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor MDI IMAGING & MAIL	Nature of Debt (Purpose): MAILHOUSE - DIRECT MAIL FUNDRAISING
Mailing Address 21721-A FILIGREE CT	
City State ZIP Code ASHBURN VA 20147	

Outstanding Balance Beginning This Period 7719.31	<b>Transaction ID:</b> SD10.11520	
Amount Incurred This Period 1252.70	Payment This Period 2356.96	Outstanding Balance at Close of This Period 6615.05

<b>B.</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 13610.42	<b>Transaction ID:</b> SD10.11521	
Amount Incurred This Period 9203.09	Payment This Period 2535.40	Outstanding Balance at Close of This Period 20278.11

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

Outstanding Balance Beginning This Period 1732.01	<b>Transaction ID:</b> SD10.11522	
Amount Incurred This Period 3771.42	Payment This Period 1732.01	Outstanding Balance at Close of This Period 3771.42

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>30664.58</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS 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

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

Outstanding Balance Beginning This Period <input type="text" value="1358.82"/>	<b>Transaction ID: SD10.11523</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1358.82"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="14765.63"/>	<b>Transaction ID: SD10.11524</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="4765.63"/>	Outstanding Balance at Close of This Period <input type="text" value="10000.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="10000.00"/>
2) <b>TOTALS</b> This Period (last page this line number only).....	<input type="text" value="117061.61"/>
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>