

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 11 07 2006 in the State of _____

5. Covering Period 10 19 2006 through 11 27 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 SCOTT B MACKENZIE

Signature of Treasurer Electronically Filed by SCOTT B MACKENZIE Date 09 02 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**

Write or Type Committee Name
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

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	25591.21									
(c) Total Receipts (from Line 19)	106467.97	760272.99								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	132059.18	772330.22								
7. Total Disbursements (from Line 31)	120390.07	760661.11								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11669.11	11669.11								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	167564.21									

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
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

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	11499.00	70223.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	94968.97	688614.11
(iii) TOTAL (add Lines 11(a)(i) and (ii)	106467.97	758837.11
(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)	106467.97	758837.11
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	1435.88
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))	106467.97	760272.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	106467.97	760272.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	117598.07	754634.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	117598.07	754634.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2792.00	2792.00
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	2300.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	25.00
(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	25.00
29. Other Disbursements.....	0.00	910.00
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))..	120390.07	760661.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	120390.07	760661.11

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)	106467.97	758837.11
34. Total Contribution Refunds (from Line 28(d))	0.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	106467.97	758812.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	117598.07	754634.11
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1435.88
38. Net Operating Expenditures (subtract Line 37 from Line 36)	117598.07	753198.23

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

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

FOR LINE NUMBER: PAGE 6 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MR DONALD ARTZ

Mailing Address 1203 WOODWARD AVE

City State Zip Code
ROTHSCHILD WI 54474

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
259.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	0	6

Transaction ID: SA11AI.55887

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
MR ELLIOT BAINES

Mailing Address 360 INDIAN HARBOR RD

City State Zip Code
VERO BEACH FL 32963

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

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

Transaction ID: SA11AI.55947

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MR DONALD BALLOU

Mailing Address 256 WEYBRIDGE ST

City State Zip Code
MIDDLEBURY VT 05753

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 ▼
516.00

Date of Receipt

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

Transaction ID: SA11AI.56126

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **320.00**

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 / 79
	<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) COL CHARLES E BARTELS		Date of Receipt	
	Mailing Address 2450 COLONEL FORD DR		M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
	City	State	Zip Code	Transaction ID: SA11AI.56174
	LAKELAND	FL	33813	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		35.00	
Name of Employer US MILITARY		Occupation OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00		

B.	Full Name (Last, First, Middle Initial) MRS THOMAS BENTLEY		Date of Receipt	
	Mailing Address 7131 S E BUNKER HILL CT		M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
	City	State	Zip Code	Transaction ID: SA11AI.56299
	HOBE SOUND	FL	33455	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
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		

C.	Full Name (Last, First, Middle Initial) MR WILFERD BERKS		Date of Receipt	
	Mailing Address 962 S W 900TH RD		M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
	City	State	Zip Code	Transaction ID: SA11AI.56316
	MONTROSE	MO	64770	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer NONE		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 305.00		

SUBTOTAL of Receipts This Page (optional)	▶	110.00
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 8 / 79
	<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 WILLIAM BEYER	Date of Receipt MM / DD / YYYY 10 / 19 / 2006
	Mailing Address 6309 BURNHAM CIR APT 203	Transaction ID: SA11AI.56346
	City State Zip Code INVER GROVE HEIGHT MN 55076	Amount of Each Receipt this Period 50.00
	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 ▼ 340.00	

B.	Full Name (Last, First, Middle Initial) MR JAMES BICKLEY	Date of Receipt MM / DD / YYYY 10 / 27 / 2006
	Mailing Address 14 CASA VERDE	Transaction ID: SA11AI.56353
	City State Zip Code LAKEWAY TX 78734	Amount of Each Receipt this Period 50.00
	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 ▼ 205.00	

C.	Full Name (Last, First, Middle Initial) MR JAMES BICKLEY	Date of Receipt MM / DD / YYYY 11 / 10 / 2006
	Mailing Address 14 CASA VERDE	Transaction ID: SA11AI.56352
	City State Zip Code LAKEWAY TX 78734	Amount of Each Receipt this Period 30.00
	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 ▼ 235.00	

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 9 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

Full Name (Last, First, Middle Initial)
MR J CLAUDE BRANNAN
Mailing Address R R 1 BOX 238

City State Zip Code
MARIETTA OK 73448

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

Name of Employer Occupation
SELF EMPLOYED RANCHER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 610.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.56560

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
MR JOHN L BROUILLARD
Mailing Address 374 STILSON CANYON RD

City State Zip Code
CHICO CA 95928

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 ▼ 440.00

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

Transaction ID: SA11AI.56599

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
MRS MARGARET BROWN
Mailing Address 6224 SHADOW OAK DR

City State Zip Code
NORTH LAS VEGAS NV 89031

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 221.00

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

Transaction ID: SA11AI.56626

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ▶

165.00

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 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS MARGARET BROWN

Mailing Address 6224 SHADOW OAK DR

City NORTH LAS VEGAS State NV Zip Code 89031

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 236.00

Date of Receipt: 11 / 27 / 2006
Transaction ID: SA11AI.56625
 Amount of Each Receipt this Period: 15.00

B. Full Name (Last, First, Middle Initial)
MRS YVONNE D BROWN

Mailing Address 2309 WESTMINSTER AVE

City COSTA MESA State CA Zip Code 92627

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 ▼ 251.00

Date of Receipt: 10 / 23 / 2006
Transaction ID: SA11AI.56636
 Amount of Each Receipt this Period: 15.00

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

Mailing Address 334 W CEDAR ST

City NEW HOLLAND State PA Zip Code 17557

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.00

Date of Receipt: 11 / 06 / 2006
Transaction ID: SA11AI.56646
 Amount of Each Receipt this Period: 53.00

SUBTOTAL of Receipts This Page (optional) ► 83.00

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 / 79

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MRS SUSAN BRUNOFF		Date of Receipt																					
	Mailing Address 334 W CEDAR ST		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>5</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	1	1	/	1	5	/	2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	5	/	2	0	0	6														
	City	State	Zip Code		Transaction ID: SA11AI.56645																			
NEW HOLLAND	PA	17557																						
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			C																			
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 ▼																						
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>534.00</td> </tr> </table>																						534.00
									534.00															

B.	Full Name (Last, First, Middle Initial) MR MAX BUCHMILLER		Date of Receipt																					
	Mailing Address 8954 CHERRY AVE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>0</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	1	1	/	2	0	/	2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	2	0	/	2	0	0	6														
	City	State	Zip Code		Transaction ID: SA11AI.56657																			
ORANGEVALE	CA	95662																						
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			C																			
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 ▼																						
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>255.00</td> </tr> </table>																						255.00
									255.00															

C.	Full Name (Last, First, Middle Initial) MR ROBERT BUNN		Date of Receipt																					
	Mailing Address 1319 CARTER RD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</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	1	0	/	2	3	/	2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	2	3	/	2	0	0	6														
	City	State	Zip Code		Transaction ID: SA11AI.56679																			
SACRAMENTO	CA	95864																						
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			C																			
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 ▼																						
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>300.00</td> </tr> </table>																						300.00
									300.00															

SUBTOTAL of Receipts This Page (optional)	▶	<table border="1"> <tr> <td>170.00</td> </tr> </table>	170.00
170.00			
TOTAL This Period (last page this line number only)	▶	<table border="1"> <tr> <td></td> </tr> </table>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 79
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
MR DAVID BURROWS

Mailing Address 2301 STANLEY AVE S E

City ROANOKE State VA Zip Code 24014

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt: 10 / 19 / 2006
Transaction ID: SA11AI.56715
 Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
MR ARTHUR BUSWELL

Mailing Address P O BOX 703

City KINGFISHER State OK Zip Code 73750

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 ▼ 302.00

Date of Receipt: 10 / 19 / 2006
Transaction ID: SA11AI.56727
 Amount of Each Receipt this Period: 51.00

C.

Full Name (Last, First, Middle Initial)
MR ARTHUR BUSWELL

Mailing Address P O BOX 703

City KINGFISHER State OK Zip Code 73750

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 ▼ 327.00

Date of Receipt: 10 / 23 / 2006
Transaction ID: SA11AI.56728
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 126.00

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 13 / 79
	<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 BILLIE M CAMPBELL		Date of Receipt
	Mailing Address 900 SEMINOLE RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 9 / 2 0 0 6
	City	State	Zip Code
	RADCLIFF	KY	40160
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.56769
Name of Employer NONE		Occupation HOMEMAKER	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"/> 269.00	<input type="text"/> 45.00

B.	Full Name (Last, First, Middle Initial) MR DAN CARASSO		Date of Receipt
	Mailing Address 7856 RANCHITO AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 3 / 2 0 0 6
	City	State	Zip Code
	VAN NUYS	CA	91402
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.56803
Name of Employer NONE		Occupation RETIRED	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"/> 235.00	<input type="text"/> 100.00

C.	Full Name (Last, First, Middle Initial) MR MOIRA CASTLE		Date of Receipt
	Mailing Address 13462 MASON VILLAGE CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 9 / 2 0 0 6
	City	State	Zip Code
	SAINT LOUIS	MO	63131
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.56883
Name of Employer NONE		Occupation RETIRED	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"/> 861.00	<input type="text"/> 100.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 245.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 79

(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 MOIRA CASTLE

Mailing Address 13462 MASON VILLAGE CT

City State Zip Code
SAINT LOUIS MO 63131

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 ▼ 896.00

Date of Receipt

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

Transaction ID: SA11AI.56882

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)
MR EDMUND S CHILDS, JR

Mailing Address 71 MORGAN RDG
GLENNEADOW

City State Zip Code
LONGMEADOW MA 01106

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 206.00

Date of Receipt

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

Transaction ID: SA11AI.61741

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)
MR EDMUND S CHILDS, JR

Mailing Address 71 MORGAN RDG
GLENNEADOW

City State Zip Code
LONGMEADOW MA 01106

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 221.00

Date of Receipt

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

Transaction ID: SA11AI.56927

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 79
	<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 WILLIAM CHILTON, JR	Date of Receipt
	Mailing Address 3437 W 7TH ST #138	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 3 1 / 2 0 0 6
	City State Zip Code FORT WORTH TX 76107	Transaction ID: SA11AI.56930
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 50.00
	Name of Employer NONE Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 769.00	

B.	Full Name (Last, First, Middle Initial) MR GEORGE C CLARK, JR	Date of Receipt
	Mailing Address 22 GLADDING RD	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 7 / 2 0 0 6
	City State Zip Code CALDWELL NJ 07006	Transaction ID: SA11AI.56980
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 35.00
	Name of Employer NONE Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 661.00	

C.	Full Name (Last, First, Middle Initial) MRS ELIZABETH COCHRAN	Date of Receipt
	Mailing Address 459 PASSAIC AVE APT 306	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 3 0 / 2 0 0 6
	City State Zip Code WEST CALDWELL NJ 07006	Transaction ID: SA11AI.57026
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 200.00
	Name of Employer NONE Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 285.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MRS M C CONKLIN

Mailing Address 2796 S MAIN RD

City State Zip Code
LEBANON OR 97355

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
237.00

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

Transaction ID: SA11AI.57072

Amount of Each Receipt this Period
26.00

B.

Full Name (Last, First, Middle Initial)
MRS M C CONKLIN

Mailing Address 2796 S MAIN RD

City State Zip Code
LEBANON OR 97355

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11AI.57071

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MS NORMA E COREY

Mailing Address 9 ORCHARD HILL RD

City State Zip Code
GOFFSTOWN NH 03045

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 ▼
263.00

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

Transaction ID: SA11AI.57126

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **126.00**

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

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

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

FOR LINE NUMBER: PAGE 17 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS LOIS CRANTZ

Mailing Address **617 TERRA CALIFORNIA**

City **WALNUT CREEK** State **CA** Zip Code **94595**

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 ▼ **308.00**

Date of Receipt MM / DD / YYYY
11 / 17 / 2006

Transaction ID: SA11AI.57186

Amount of Each Receipt this Period 35.00

B. Full Name (Last, First, Middle Initial)
MRS ILA M CRAWFORD

Mailing Address **3554 GRANDVIEW DR**

City **SAN ANGELO** State **TX** Zip Code **76904**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **565.00**

Date of Receipt MM / DD / YYYY
10 / 23 / 2006

Transaction ID: SA11AI.57189

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
MRS ILA M CRAWFORD

Mailing Address **3554 GRANDVIEW DR**

City **SAN ANGELO** State **TX** Zip Code **76904**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt MM / DD / YYYY
11 / 13 / 2006

Transaction ID: SA11AI.57188

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) 155.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 79		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) MS JOANN CRAWFORD		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
	Mailing Address 12271 HESTER PL		Transaction ID: SA11AI.57190	
	City	State	Zip Code	Amount of Each Receipt this Period
	GARDEN GROVE	CA	92841	100.00
	FEC ID number of contributing federal political committee. C			
Name of Employer NONE		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

B.	Full Name (Last, First, Middle Initial) MRS BERNADINE CROSBY		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
	Mailing Address 117 SIDDLE DR		Transaction ID: SA11AI.57213	
	City	State	Zip Code	Amount of Each Receipt this Period
	CODY	WY	82414	120.00
	FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation DOCTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

C.	Full Name (Last, First, Middle Initial) MR JOSEPH DANKO		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
	Mailing Address 11216 SHANNONDELL DR		Transaction ID: SA11AI.57314	
	City	State	Zip Code	Amount of Each Receipt this Period
	AUDUBON	PA	19403	20.00
	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 ▼ 230.00		

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR JOSEPH DANKO

Mailing Address 11216 SHANNONDELL DR

City State Zip Code
AUDUBON PA 19403

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 ▼ 245.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.57316

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)
MR JOSEPH DANKO

Mailing Address 11216 SHANNONDELL DR

City State Zip Code
AUDUBON PA 19403

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 ▼ 265.00

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

Transaction ID: SA11AI.57315

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
MR WALTER DEFJEN

Mailing Address 41621 25TH ST W

City State Zip Code
PALMDALE CA 93551

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.57486

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► 65.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR WALTER DEFJEN

Mailing Address 41621 25TH ST W

City PALMDALE State CA Zip Code 93551

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

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

Transaction ID: SA11AI.57440

Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MR W L DOFFING

Mailing Address 413 COVENTRY RD

City SPIGEWOOD State TX Zip Code 78669

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

Transaction ID: SA11AI.57559

Amount of Each Receipt this Period 100.00

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

Mailing Address P O BOX 9493

City ALBUQUERQUE State NM Zip Code 87119

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 ▼ 235.00

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

Transaction ID: SA11AI.57565

Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR GEORGE DOMENICI

Mailing Address P O BOX 9493

City ALBUQUERQUE State NM Zip Code 87119

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 ▼ 285.00

Date of Receipt 11 / 17 / 2006
Transaction ID: SA11AI.57564
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
MR LESTER DOREMIRE

Mailing Address R R 1 BOX 138

City CHALMERS State IN Zip Code 47929

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 ▼ 715.00

Date of Receipt 11 / 06 / 2006
Transaction ID: SA11AI.57585
Amount of Each Receipt this Period 30.00

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

Mailing Address 5027 RIVER POINT RD

City JACKSONVILLE State FL Zip Code 32207

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 09 / 2006
Transaction ID: SA11AI.57669
Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional) ► 115.00

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 22 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.

Full Name (Last, First, Middle Initial) RICHARD EBITSON		Date of Receipt
Mailing Address P O BOX 185		<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 GARDEN VALLEY CA 95633		<input type="text"/> 1 1 / <input type="text"/> 0 8 / <input type="text"/> 2 0 0 6
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.57710
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) ▼		<input type="text"/> 56.00
Aggregate Year-to-Date ▼		
<input type="text"/> 278.00		

B.

Full Name (Last, First, Middle Initial) MRS VELMA V EVERHART		Date of Receipt
Mailing Address 645 NEIL AVE APT 208		<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 COLUMBUS OH 43215		<input type="text"/> 1 1 / <input type="text"/> 1 4 / <input type="text"/> 2 0 0 6
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.57960
Name of Employer Occupation NONE RETIRED		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 25.00
Aggregate Year-to-Date ▼		
<input type="text"/> 250.00		

C.

Full Name (Last, First, Middle Initial) MR WORTH L FARRINGTON		Date of Receipt
Mailing Address 6596 E QUAKER 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 ORCHARD PARK NY 14127		<input type="text"/> 1 1 / <input type="text"/> 0 7 / <input type="text"/> 2 0 0 6
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.57994
Name of Employer Occupation NONE RETIRED		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 40.00
Aggregate Year-to-Date ▼		
<input type="text"/> 381.00		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 121.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 23 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS FRANCES FEDORA
Mailing Address 17822 ACACIA DR
City NORTH FORT MYERS State FL Zip Code 33917
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00
Date of Receipt 10 / 20 / 2006
Transaction ID: SA11AI.58006
Amount of Each Receipt this Period 35.00

B. Full Name (Last, First, Middle Initial)
MRS FRANCES FEDORA
Mailing Address 17822 ACACIA DR
City NORTH FORT MYERS State FL Zip Code 33917
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 236.00
Date of Receipt 11 / 06 / 2006
Transaction ID: SA11AI.58007
Amount of Each Receipt this Period 35.00

C. Full Name (Last, First, Middle Initial)
MRS THERESA FIORENTINO
Mailing Address 1515 HILL DR
City LOS ANGELES State CA Zip Code 90041
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 ▼ 444.00
Date of Receipt 10 / 20 / 2006
Transaction ID: SA11AI.58054
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 170.00
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 24 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MS INEZ FORDYCE		Date of Receipt
	Mailing Address 331A CLARKE ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 3 / 2 0 0 6
	City	State	Zip Code
	BISHOP	CA	93514
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.58135
Name of Employer NONE		Occupation HOMEMAKER	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 ▼ 235.00	<input type="text"/> 100.00

B.	Full Name (Last, First, Middle Initial) MR FRED GARRETT		Date of Receipt
	Mailing Address 321 S PALMERS CHAPEL RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 3 / 2 0 0 6
	City	State	Zip Code
	COTTONTOWN	TN	37048
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.58312
Name of Employer J B GIBBS & SON CONSTRUCTION		Occupation BUILDER	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 ▼ 225.00	<input type="text"/> 100.00

C.	Full Name (Last, First, Middle Initial) MR EDWARD L GIOMI		Date of Receipt
	Mailing Address 508 BARRINGTON AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 9 / 2 0 0 6
	City	State	Zip Code
	EAST DUNDEE	IL	60118
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.58407
Name of Employer NONE		Occupation RETIRED	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 ▼ 220.00	<input type="text"/> 20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 220.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 25 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS MARY GONZALES

Mailing Address 2101 N KENSINGTON WAY

City State Zip Code
HANFORD CA 93230

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

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

Transaction ID: SA11AI.58445

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
AUGUST GRAMMAS

Mailing Address 4376 COVE ISLAND DR N E

City State Zip Code
MARIETTA GA 30067

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.58496

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
MR S L GROFF

Mailing Address 3106 FLORAL BLVD

City State Zip Code
BUTTE MT 59701

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 ▼
260.00

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

Transaction ID: SA11AI.58574

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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 26 / 79

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MS BETTY F HAGAN

Mailing Address 1941 OVERBROOKE WAY

City State Zip Code
AUSTELL GA 30106

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 ▼ 341.00

Date of Receipt

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

Transaction ID: SA11AI.57793

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MS DORIS HAMILTON

Mailing Address 1300 N E 16TH AVE #1122

City State Zip Code
PORTLAND OR 97232

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

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

Transaction ID: SA11AI.58580

Amount of Each Receipt this Period

35.00

C.

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

Mailing Address 413 W CREEK ST

City State Zip Code
FREDERICKSBURG TX 78624

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: SA11AI.58581

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

160.00

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 27 / 79
	<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 PAUL R HAMILTON		Date of Receipt	
	Mailing Address 413 W CREEK ST		M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
	City	State	Zip Code	Transaction ID: SA11AI.58582
	FREDERICKSBURG	TX	78624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer NONE		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00		

B.	Full Name (Last, First, Middle Initial) FAYE HANCOCK		Date of Receipt	
	Mailing Address 3014 FM 2609		M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
	City	State	Zip Code	Transaction ID: SA11AI.58594
	NACOGDOCHES	TX	75965	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		35.00	
Name of Employer NONE		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00		

C.	Full Name (Last, First, Middle Initial) MR THOMAS H HANDY		Date of Receipt	
	Mailing Address 1109 ROBIN HOOD RD		M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
	City	State	Zip Code	Transaction ID: SA11AI.58598
	STARKVILLE	MS	39759	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		70.00	
Name of Employer NONE		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 370.00		

SUBTOTAL of Receipts This Page (optional)	▶	205.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 79

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MRS 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
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 850.00

Date of Receipt

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

Transaction ID: SA11AI.58605

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
MR WILLIAM HEISINGER

Mailing Address 2275 W LA LOMA DR

City State Zip Code
RANCHO CORDOVA CA 95670

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

Name of Employer Occupation
AG EDWARDS & SONS VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 326.00

Date of Receipt

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

Transaction ID: SA11AI.58736

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MS EDITH HICKMAN

Mailing Address 110 LINDEN ST #4

City State Zip Code
PAOLI IN 47454

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 411.00

Date of Receipt

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

Transaction ID: SA11AI.58816

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional) ▶

235.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 79
(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 DONALD E HIGHLAND

Mailing Address 251 S OLDS BLVD APT 107F

City State Zip Code
FAIRLESS HILLS PA 19030

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

Name of Employer Occupation
SAMS CLUB MAINTENANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 283.00

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

Transaction ID: SA11AI.58822

Amount of Each Receipt this Period
79.00

B.

Full Name (Last, First, Middle Initial)
MR DONALD E HIGHLAND

Mailing Address 251 S OLDS BLVD APT 107F

City State Zip Code
FAIRLESS HILLS PA 19030

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

Name of Employer Occupation
SAMS CLUB MAINTENANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 318.00

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

Transaction ID: SA11AI.58821

Amount of Each Receipt this Period
35.00

C.

Full Name (Last, First, Middle Initial)
MR LEN HOLTZ

Mailing Address 95 HGTS LN APT 52

City State Zip Code
FEASTERVILLE TREVO PA 19053

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

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

Transaction ID: SA11AI.58902

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **214.00**

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 30 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR WILLIAM HUTCHINSON

Mailing Address 31723 OLMSTEAD RD

City State Zip Code
ROCKWOOD MI 48173

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt

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

Transaction ID: SA11AI.59054

Amount of Each Receipt this Period
55.00

B. Full Name (Last, First, Middle Initial)
MR TERRENCE JACOBS

Mailing Address 3106 TREELINE DR

City State Zip Code
MURRYSVILLE PA 15668

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 ▼
235.00

Date of Receipt

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

Transaction ID: SA11AI.59135

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR CLARENCE A JERMYN

Mailing Address 4810 N W HWY 72 LOT 118

City State Zip Code
ARCADIA FL 34266

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 ▼
237.00

Date of Receipt

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

Transaction ID: SA11AI.59179

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **175.00**

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 31 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR BURT JORDAN

Mailing Address 31 STONEBRIAR WAY

City State Zip Code
FRISCO TX 75034

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.59293

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR BURT JORDAN

Mailing Address 31 STONEBRIAR WAY

City State Zip Code
FRISCO TX 75034

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.59294

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR MAYNARD KAMBAK

Mailing Address 844 N WOODS AVE

City State Zip Code
FULLERTON CA 92832

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 ▼ 206.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: SA11AI.59326

Amount of Each Receipt this Period
35.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 79

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MS BARBARA KASLER Mailing Address 19169 STRATHCONA DR City State Zip Code DETROIT MI 48203 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 ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 Transaction ID: SA11AI.59351 Amount of Each Receipt this Period 200.00
B.	Full Name (Last, First, Middle Initial) FRED KERR Mailing Address 5310 HIGHWAY 65 City State Zip Code CHILLICOTHE MO 64601 FEC ID number of contributing federal political committee. C Name of Employer SELF EMPLOYED Occupation FARMER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 568.00	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: SA11AI.59430 Amount of Each Receipt this Period 101.00
C.	Full Name (Last, First, Middle Initial) FRED KERR Mailing Address 5310 HIGHWAY 65 City State Zip Code CHILLICOTHE MO 64601 FEC ID number of contributing federal political committee. C Name of Employer SELF EMPLOYED Occupation FARMER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 603.00	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 Transaction ID: SA11AI.59432 Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional)	336.00
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 33 / 79
(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)
FRED KERR

Mailing Address 5310 HIGHWAY 65

City State Zip Code
CHILLICOTHE MO 64601

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

Name of Employer Occupation
SELF EMPLOYED FARMER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 638.00

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

Transaction ID: SA11AI.59431

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
MR JOSEPH W KERRIGAN

Mailing Address 7807 GOVERNOR PRINTZ BLVD #216

City State Zip Code
CLAYMONT DE 19703

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11AI.59436

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
MR JOSEPH W KERRIGAN

Mailing Address 7807 GOVERNOR PRINTZ BLVD #216

City State Zip Code
CLAYMONT DE 19703

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 321.00

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

Transaction ID: SA11AI.59437

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **105.00**

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 34 / 79

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR JOSEPH W KERRIGAN

Mailing Address 7807 GOVERNOR PRINTZ BLVD
#216

City State Zip Code
CLAYMONT DE 19703

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
356.00

Date of Receipt

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

Transaction ID: SA11AI.59438

Amount of Each Receipt this Period
35.00

B.

Full Name (Last, First, Middle Initial)
MS SUSAN KOTTA

Mailing Address 33 LITTLEWORTH LN

City State Zip Code
SEA CLIFF NY 11579

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 ▼
340.00

Date of Receipt

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

Transaction ID: SA11AI.59598

Amount of Each Receipt this Period
38.00

C.

Full Name (Last, First, Middle Initial)
MR DANIEL KRAEMER

Mailing Address 835 LINDA DR

City State Zip Code
CANYON LAKE TX 78133

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
284.00

Date of Receipt

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

Transaction ID: SA11AI.59604

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)

93.00

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 35 / 79

(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 DANIEL KRAEMER

Mailing Address 835 LINDA DR

City State Zip Code
CANYON LAKE TX 78133

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

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

Transaction ID: SA11AI.59606

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR DANIEL KRAEMER

Mailing Address 835 LINDA DR

City State Zip Code
CANYON LAKE TX 78133

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

329.00

Date of Receipt

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

Transaction ID: SA11AI.59605

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

DR QUENTIN E KRAFKA

Mailing Address 69 ALAMO COUNTRY CLB

City State Zip Code
ALAMO TX 78516

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

DOCTOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: SA11AI.59608

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

145.00

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 36 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DR QUENTIN E KRAFKA

Mailing Address 69 ALAMO COUNTRY CLB

City ALAMO State TX Zip Code 78516

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

Name of Employer Occupation DOCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 16 / 2006
Transaction ID: SA11AI.59607
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
MR PAUL LIENEMANN

Mailing Address 3024 S 101ST ST

City OMAHA State NE Zip Code 68124

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2006
Transaction ID: SA11AI.59843
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
MR MILLER MAKEY

Mailing Address 645 NEIL AVE APT 1023

City COLUMBUS State OH Zip Code 43215

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt 11 / 13 / 2006
Transaction ID: SA11AI.60044
Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional) ► 185.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 79
(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 DOUGLAS H MANNING

Mailing Address P O BOX 773

City State Zip Code
YOAKUM TX 77995

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 285.00

Date of Receipt

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

Transaction ID: SA11AI.60076

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MR DOUGLAS H MANNING

Mailing Address P O BOX 773

City State Zip Code
YOAKUM TX 77995

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 385.00

Date of Receipt

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

Transaction ID: SA11AI.60077

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
DR HENRY MAY

Mailing Address 52 OAK HOLLOW CIR

City State Zip Code
LAKE JACKSON TX 77566

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

Name of Employer Occupation
DOCTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 223.00

Date of Receipt

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

Transaction ID: SA11AI.60202

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) ►

175.00

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 38 / 79						
	(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

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

A.	Full Name (Last, First, Middle Initial) TRUTH M MAY		Date of Receipt																					
	Mailing Address 433 SYLVAN AVE SPC 139		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>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	1	0		3	1		2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		3	1		2	0	0	6														
	City State Zip Code MOUNTAIN VIEW CA 94041		Transaction ID: SA11AI.60203																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		100.00																						

B.	Full Name (Last, First, Middle Initial) MRS ELLA MAE MCGUIRE		Date of Receipt																					
	Mailing Address 8725 E STONERIDGE ST		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>7</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	1	1		0	7		2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		0	7		2	0	0	6														
	City State Zip Code WICHITA KS 67206		Transaction ID: SA11AI.60312																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 322.00		20.00																						

C.	Full Name (Last, First, Middle Initial) MRS ELLA MAE MCGUIRE		Date of Receipt																					
	Mailing Address 8725 E STONERIDGE ST		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>7</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	1	1		2	7		2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		2	7		2	0	0	6														
	City State Zip Code WICHITA KS 67206		Transaction ID: SA11AI.60311																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 347.00		25.00																						

SUBTOTAL of Receipts This Page (optional)	▶	145.00
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 39 / 79
	<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 M P MCNEILL		Date of Receipt
	Mailing Address 4115 CHOWAN AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 6 / 2 0 0 6
	City	State	Zip Code
	CHESAPEAKE	VA	23325
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.60241
		Amount of Each Receipt this Period	
		<input type="text"/> 20.00	
Name of Employer NONE		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 246.00	

B.	Full Name (Last, First, Middle Initial) MR RICHARD MEEKER		Date of Receipt
	Mailing Address 605 N E 70TH ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 0 / 2 0 0 6
	City	State	Zip Code
	GLADSTONE	MO	64118
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.60377
		Amount of Each Receipt this Period	
		<input type="text"/> 250.00	
Name of Employer NONE		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 410.00	

C.	Full Name (Last, First, Middle Initial) MR FRED MELTZ		Date of Receipt
	Mailing Address 21966 DOLORES ST APT 229		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 3 / 2 0 0 6
	City	State	Zip Code
	CASTRO VALLEY	CA	94546
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.60396
		Amount of Each Receipt this Period	
		<input type="text"/> 25.00	
Name of Employer NONE		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 335.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 295.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 79
(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 ALFRED B MITCHELL

Mailing Address 9695 REGENCY CT

City State Zip Code
OOLTEWAH TN 37363

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
MM / DD / YYYY
11 / 27 / 2006

Transaction ID: SA11AI.60456

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)
MRS MILDRED CAROLYN MOORE

Mailing Address 1340 S OSAGE AVE

City State Zip Code
BARTLESVILLE OK 74003

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 ▼
458.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2006

Transaction ID: SA11AI.56826

Amount of Each Receipt this Period
35.00

C.

Full Name (Last, First, Middle Initial)
MR KENNETH MYERS

Mailing Address PO BOX 3280

City State Zip Code
YOUNTVILLE CA 94599

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 ▼
246.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2006

Transaction ID: SA11AI.60860

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **85.00**

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 41 / 79
	<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 ALICE L NAGEL	Date of Receipt MM / DD / YYYY 11 / 13 / 2006
	Mailing Address 3715 RAMBLEWOOD DR	Transaction ID: SA11AI.60872
	City State Zip Code PORT HURON MI 48060	Amount of Each Receipt this Period 35.00
	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 ▼ 411.00

B.	Full Name (Last, First, Middle Initial) MRS ALICE L NAGEL	Date of Receipt MM / DD / YYYY 11 / 15 / 2006
	Mailing Address 3715 RAMBLEWOOD DR	Transaction ID: SA11AI.60873
	City State Zip Code PORT HURON MI 48060	Amount of Each Receipt this Period 50.00
	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 ▼ 461.00

C.	Full Name (Last, First, Middle Initial) MRS ALICE L NAGEL	Date of Receipt MM / DD / YYYY 11 / 20 / 2006
	Mailing Address 3715 RAMBLEWOOD DR	Transaction ID: SA11AI.60871
	City State Zip Code PORT HURON MI 48060	Amount of Each Receipt this Period 35.00
	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 ▼ 496.00

SUBTOTAL of Receipts This Page (optional)	▶	120.00
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 42 / 79
	<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 WILMA NIXON		Date of Receipt MM / DD / YYYY 11 / 17 / 2006		
	Mailing Address 8701 MAYFIELD RD #121		Transaction ID: SA11AI.60989		
	City CHESTERLAND	State OH	Zip Code 44026	Amount of Each Receipt this Period 35.00	
	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 ▼ 439.00			

B.	Full Name (Last, First, Middle Initial) ANNE OAKS		Date of Receipt MM / DD / YYYY 10 / 20 / 2006		
	Mailing Address 5187 LOWER HONOAPIILANI RD		Transaction ID: SA11AI.61045		
	City LAHAINA	State HI	Zip Code 96761	Amount of Each Receipt this Period 25.00	
	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 ▼ 230.00			

C.	Full Name (Last, First, Middle Initial) CAPT GEORGE OCHS		Date of Receipt MM / DD / YYYY 10 / 19 / 2006		
	Mailing Address 1141 HUS DR APT 105		Transaction ID: SA11AI.61059		
	City WATERTOWN	State WI	Zip Code 53098	Amount of Each Receipt this Period 35.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer US AIR FORCE	Occupation OFFICER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

SUBTOTAL of Receipts This Page (optional)	▶	95.00
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 43 / 79
	<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) CAPT GEORGE OCHS		Date of Receipt
	Mailing Address 1141 HUS DR APT 105		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	WATERTOWN	WI	53098
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61058
Name of Employer US AIR FORCE		Occupation OFFICER	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"/> 35.00
		<input type="text"/> 310.00	

B.	Full Name (Last, First, Middle Initial) MR RAY ODEN, JR		Date of Receipt
	Mailing Address 702 THORA BLVD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	SHREVEPORT	LA	71106
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61074
Name of Employer NONE		Occupation RETIRED	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"/> 2250.00	

C.	Full Name (Last, First, Middle Initial) MR HERMAN OSTROM		Date of Receipt
	Mailing Address 4409 SILVERADO TRL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	CALISTOGA	CA	94515
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.61127
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"/> 1000.00
		<input type="text"/> 1000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1535.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MS MARGIE PACKARD

Mailing Address 123 HOLLY CT

City State Zip Code
BOSTIC NC 28018

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 ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 6

Transaction ID: SA11AI.61148

Amount of Each Receipt this Period
35.00

B.

Full Name (Last, First, Middle Initial)
DR PETER PACKARD, MD

Mailing Address 720 SEABURY RD

City State Zip Code
BURLINGAME CA 94010

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

Name of Employer SELF EMPLOYED Occupation MEDICAL DOCTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.61149

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MS JOANNE PARKER PERRY

Mailing Address 5 ATLANTIC ST

City State Zip Code
EAST HAMPTON NY 11937

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 206.39

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

Transaction ID: SA11AI.61177

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 95.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS CHARLOTTE PFLUGER

Mailing Address 403 RIO CONCHO DR APT 3303

City State Zip Code
SAN ANGELO TX 76903

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

Name of Employer Occupation
SELF EMPLOYED RANCHER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 266.00

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

Transaction ID: SA11AI.61329

Amount of Each Receipt this Period
35.00

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

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

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

Transaction ID: SA11AI.61366

Amount of Each Receipt this Period
50.00

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

Mailing Address 1226 GOODWIN AVE

City State Zip Code
CHARLOTTE NC 28205

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

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

Transaction ID: SA11AI.61405

Amount of Each Receipt this Period
70.00

SUBTOTAL of Receipts This Page (optional) ► 155.00

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 46 / 79
(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 WILLIAM H PORTER

Mailing Address 5240 W COUNTY ROAD 56

City State Zip Code
LAPORTE CO 80535

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 ▼ 274.00

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

Transaction ID: SA11AI.61413

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MR WILLIAM H PORTER

Mailing Address 5240 W COUNTY ROAD 56

City State Zip Code
LAPORTE CO 80535

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 ▼ 299.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 6

Transaction ID: SA11AI.61414

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR WILLIAM H PORTER

Mailing Address 5240 W COUNTY ROAD 56

City State Zip Code
LAPORTE CO 80535

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 ▼ 334.00

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

Transaction ID: SA11AI.61415

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ▶ **85.00**

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 47 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR WILLIAM REINIS

Mailing Address 2089 LAS POSAS RD

City State Zip Code
CORONA CA 92882

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

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

Transaction ID: SA11AI.61464

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
MRS DOROTHY RICHARDS

Mailing Address 4306 SALEMTOWNE DR

City State Zip Code
WINSTON SALEM NC 27106

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.61505

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
MRS DOROTHY RICHARDS

Mailing Address 4306 SALEMTOWNE DR

City State Zip Code
WINSTON SALEM NC 27106

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
236.00

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

Transaction ID: SA11AI.61506

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **75.00**

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 48 / 79
(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)
W A RICHARDSON

Mailing Address 1225 N 97TH PLZ

City OMAHA State NE Zip Code 68114

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
1 0 / 2 7 / 2 0 0 6

Transaction ID: SA11AI.61518

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
MR JAMES ROBERTS

Mailing Address H C 34 BOX 380

City LEWISBURG State WV Zip Code 24901

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 ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.61592

Amount of Each Receipt this Period
35.00

C.

Full Name (Last, First, Middle Initial)
MRS JOYCE E ROMANOWSKI

Mailing Address 3202 NORWOOD DR

City FLINT State MI Zip Code 48503

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: SA11AI.61662

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ▶ **320.00**

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 49 / 79		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) MR ANTHONY RYAN		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6		
	Mailing Address 393 DORCHESTER RD		Transaction ID: SA11AI.61727		
	City LYME	State NH	Zip Code 03768	Amount of Each Receipt this Period 250.00	
	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 ▼ 1500.00			

B.	Full Name (Last, First, Middle Initial) ELIZABETH SCHAFER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6		
	Mailing Address 610 1ST ST		Transaction ID: SA11AI.61837		
	City CORONADO	State CA	Zip Code 92118	Amount of Each Receipt this Period 500.00	
	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 ▼ 4100.00			

C.	Full Name (Last, First, Middle Initial) COL EDWIN S SCHICK, JR		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6		
	Mailing Address P O BOX 997		Transaction ID: SA11AI.61851		
	City YUCCA VALLEY	State CA	Zip Code 92286	Amount of Each Receipt this Period 70.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer US MARINE CORPS	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

SUBTOTAL of Receipts This Page (optional)	▶	820.00
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 50 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS JANET SCHRODER

Mailing Address 75450 ROAD 330

City GRANT State NE Zip Code 69140

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

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

Transaction ID: SA11AI.61881

Amount of Each Receipt this Period 48.00

B. Full Name (Last, First, Middle Initial)
MS MARTHA SCHULTZ

Mailing Address 10848 W CANTERBURY DR

City SUN CITY State AZ Zip Code 85351

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 ▼ 244.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11AI.61900

Amount of Each Receipt this Period 35.00

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

Mailing Address 12630 S LAFLIN ST

City CALUMET PARK State IL Zip Code 60827

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 ▼ 652.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.62025

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 133.00

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 51 / 79
	<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 LEONARD SIGURDSEN	Date of Receipt MM / DD / YYYY 11 / 02 / 2006
	Mailing Address 4169 W BIRCHVIEW RD	Transaction ID: SA11AI.62096
	City State Zip Code GRASSTON MN 55030	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF EMPLOYED FARMER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

B.	Full Name (Last, First, Middle Initial) MRS ELLEN SIMON	Date of Receipt MM / DD / YYYY 11 / 03 / 2006
	Mailing Address 101 W WINDSOR RD # 3304	Transaction ID: SA11AI.62112
	City State Zip Code URBANA IL 61802	Amount of Each Receipt this Period 51.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 277.00	

C.	Full Name (Last, First, Middle Initial) MR ELBERT C SMITH	Date of Receipt MM / DD / YYYY 11 / 14 / 2006
	Mailing Address P O BOX 856	Transaction ID: SA11AI.62201
	City State Zip Code RENTON WA 98057	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NONE RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	▶	676.00
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 52 / 79
	<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 IAN SONEGO		Date of Receipt	
	Mailing Address 3537 KAHLERT AVE		M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
	City	State	Zip Code	Transaction ID: SA11AI.62462
	LOUISVILLE	KY	40215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer STATE OF KENTUCKY		Occupation ATTORNEY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		235.00		

B.	Full Name (Last, First, Middle Initial) MR IAN SONEGO		Date of Receipt	
	Mailing Address 3537 KAHLERT AVE		M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
	City	State	Zip Code	Transaction ID: SA11AI.62463
	LOUISVILLE	KY	40215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		10.00	
Name of Employer STATE OF KENTUCKY		Occupation ATTORNEY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		245.00		

C.	Full Name (Last, First, Middle Initial) DONALD STONE		Date of Receipt	
	Mailing Address 1144 HARDCRABBLE RD		M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
	City	State	Zip Code	Transaction ID: SA11AI.62615
	CASSVILLE	NY	13318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		35.00	
Name of Employer NONE		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		245.00		

SUBTOTAL of Receipts This Page (optional)	▶	70.00
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 53 / 79

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
MS JEAN TALMAGE

Mailing Address 1138 DEVONSHIRE WAY

City State Zip Code
PALM BEACH GARDENS FL 33418

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 ▼ 525.00

Date of Receipt

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

Transaction ID: SA11AI.62750

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
MR BILL TAYLOR

Mailing Address 5643 E 8TH ST

City State Zip Code
TUCSON AZ 85711

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 ▼ 215.00

Date of Receipt

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

Transaction ID: SA11AI.62772

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)
MR ALFRED TOULON

Mailing Address P O BOX 666

City State Zip Code
KOLOA HI 96756

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.62942

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

315.00

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 54 / 79
	<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 ALFRED TOULON		Date of Receipt
	Mailing Address P O BOX 666		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	KOLOA	HI	96756
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.62941
Name of Employer NONE		Occupation RETIRED	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" value="300.00"/>	<input type="text" value="50.00"/>

B.	Full Name (Last, First, Middle Initial) MR GEORGE TURNBULL		Date of Receipt
	Mailing Address 7260 NIXON DR		<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	RIVERSIDE	CA	92504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.63007
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" value="205.00"/>	<input type="text" value="25.00"/>

C.	Full Name (Last, First, Middle Initial) MR FRANK E VAN HOEGARDEN		Date of Receipt
	Mailing Address 14037 S TAMARACK DR		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	PLAINFIELD	IL	60544
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.58852
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" value="244.00"/>	<input type="text" value="25.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="100.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 55 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS EVELYN VAN PATTEN

Mailing Address 201 LAKE ST #811

City State Zip Code
OAK PARK IL 60302

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
226.00

Date of Receipt

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

Transaction ID: SA11AI.63071

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
MRS MADONNA WALTISPERGER

Mailing Address 6462 FM 1144

City State Zip Code
KARNES CITY TX 78118

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 ▼
306.00

Date of Receipt

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

Transaction ID: SA11AI.63170

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR HARMON WARD, 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
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
443.00

Date of Receipt

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

Transaction ID: SA11AI.63182

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **110.00**

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 56 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) CLARENCE L WATSON		Date of Receipt
	Mailing Address 310 HESTER AVE LOT 201		<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 1 0 / 2 5 / 2 0 0 6
	City	State	Zip Code
	DONNA	TX	78537
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.62292
Name of Employer NONE		Occupation NOT EMPLOYED	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"/> 357.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) CLARENCE L WATSON		Date of Receipt
	Mailing Address 310 HESTER AVE LOT 201		<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 1 1 / 2 0 / 2 0 0 6
	City	State	Zip Code
	DONNA	TX	78537
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.62293
Name of Employer NONE		Occupation NOT EMPLOYED	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"/> 377.00	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) A V WEATHERFORD		Date of Receipt
	Mailing Address 24371 CRESTLAWN 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 1 0 / 2 6 / 2 0 0 6
	City	State	Zip Code
	WOODLAND HILLS	CA	91367
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.62302
Name of Employer AEROSPACE CORP		Occupation 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"/> 300.00	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 95.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 57 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS MARCIA A WELSH

Mailing Address 1301 KINGS COVE CT

City State Zip Code
INDIANAPOLIS IN 46260

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

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

Transaction ID: SA11AI.62360

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
BILL WESTOVER

Mailing Address 7900 BAKMAN AVE

City State Zip Code
SUN VALLEY CA 91352

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 6

Transaction ID: SA11AI.62401

Amount of Each Receipt this Period
35.00

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

Mailing Address 4461 STACK BLVD APT E130

City State Zip Code
MELBOURNE FL 32901

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1117.00

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

Transaction ID: SA11AI.63195

Amount of Each Receipt this Period
101.00

SUBTOTAL of Receipts This Page (optional) ► **176.00**

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 58 / 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS MARY ELIZABETH WHITE

Mailing Address 4461 STACK BLVD APT E130

City MELBOURNE State FL Zip Code 32901

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 ▼ 1147.00

Date of Receipt: 10 / 25 / 2006
Transaction ID: SA11AI.63194
 Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
MS MARY ELIZABETH WHITE

Mailing Address 4461 STACK BLVD APT E130

City MELBOURNE State FL Zip Code 32901

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 ▼ 1182.00

Date of Receipt: 11 / 14 / 2006
Transaction ID: SA11AI.63196
 Amount of Each Receipt this Period: 35.00

C. Full Name (Last, First, Middle Initial)
ERNEST WILLS

Mailing Address PO BOX 1866

City TWIN FALLS State ID Zip Code 83303

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

Name of Employer WILLS TOYOTA Occupation GENERAL MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 11 / 13 / 2006
Transaction ID: SA11AI.63292
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 115.00

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 59 / 79
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MRS BETTY WOLFE

Mailing Address 1600 TEXAS ST APT 1611

City State Zip Code
FORT WORTH TX 76102

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: SA11AI.63361

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
MRS BETTY WOLFE

Mailing Address 1600 TEXAS ST APT 1611

City State Zip Code
FORT WORTH TX 76102

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: SA11AI.63360

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR NATHANIEL WRIGHT

Mailing Address 8540 ELWYN AVE

City State Zip Code
ELVERTA CA 95626

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 ▼ 411.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.63421

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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 60 / 79	
	(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) MR NATHANIEL WRIGHT		Date of Receipt																					
	Mailing Address 8540 ELWYN AVE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>5</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	1	1	/	1	5	/	2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	5	/	2	0	0	6														
	City State Zip Code ELVERTA CA 95626		Transaction ID: SA11AI.63420																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00																					
Name of Employer NONE		Occupation RETIRED																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 446.00																						

SUBTOTAL of Receipts This Page (optional)	▶	35.00
TOTAL This Period (last page this line number only)	▶	11499.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) ALLIED PRINTING RESOURCES</p> <p>Mailing Address PO BOX 6506 455 WASINGTON AVE</p> <p>City CARLSTADT State NJ Zip Code 07072</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.63565</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <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"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="585.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ALLIED PRINTING RESOURCES</p> <p>Mailing Address PO BOX 6506 455 WASINGTON AVE</p> <p>City CARLSTADT State NJ Zip Code 07072</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.63576</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="945.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ALLIED PRINTING RESOURCES</p> <p>Mailing Address PO BOX 6506 455 WASINGTON AVE</p> <p>City CARLSTADT State NJ Zip Code 07072</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.63588</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6597.01"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="8127.01"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

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) MR ALLEN BRANDSTATER	Transaction ID: SB21B.55819
	Mailing Address 1241 OAK CIRCLE DRIVE	Date of Disbursement MM / DD / YYYY 11 / 27 / 2006
	City GLENDALE State CA Zip Code 91208	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CONSULTING - MANAGEMENT Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) BULK MAILING & ADDRESSING, INC.	Transaction ID: SB21B.63550
	Mailing Address 1328 CHARWOOD ROAD	Date of Disbursement MM / DD / YYYY 10 / 23 / 2006
	City HANOVER State MD Zip Code 21076	Amount of Each Disbursement this Period 1718.59
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) BULK MAILING & ADDRESSING, INC.	Transaction ID: SB21B.63551
	Mailing Address 1328 CHARWOOD ROAD	Date of Disbursement MM / DD / YYYY 10 / 30 / 2006
	City HANOVER State MD Zip Code 21076	Amount of Each Disbursement this Period 1105.68
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3324.27

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) CATTERTON PRINTING & MAILSHOP Mailing Address 100 POST OFFICE RD City WALDORF State MD Zip Code 20602 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL Candidate Name	Transaction ID: SB21B.63552 Date of Disbursement 10 / 30 / 2006
	Amount of Each Disbursement this Period 4916.05
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. Full Name (Last, First, Middle Initial) CATTERTON PRINTING & MAILSHOP Mailing Address 100 POST OFFICE RD City WALDORF State MD Zip Code 20602 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL Candidate Name	Transaction ID: SB21B.63553 Date of Disbursement 11 / 14 / 2006
	Amount of Each Disbursement this Period 5.10
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

C. Full Name (Last, First, Middle Initial) GLENDALE HILTON HOTEL Mailing Address 100 W GLENOAKS BLVD City GLENDALE State CA Zip Code 91202 Purpose of Disbursement DEPOSIT - BOARD OF DIRECTORS MEETING Candidate Name	Transaction ID: SB21B.55814 Date of Disbursement 11 / 14 / 2006
	Amount of Each Disbursement this Period 800.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	5721.15
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) IMAGENOW</p> <p>Mailing Address 22701 W 68TH TERRACE</p> <p>City SJAWMEE State KS Zip Code 66226</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.63590 Date of Disbursement 11 / 20 / 2006</p> <p>Amount of Each Disbursement this Period 4454.50</p> <p>003 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) KOREAN WAR VETS MUSEUM & LIB</p> <p>Mailing Address 1007 PACESETTER DR</p> <p>City RANTOUL State IL Zip Code 61866</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.63567 Date of Disbursement 10 / 23 / 2006</p> <p>Amount of Each Disbursement this Period 204.00</p> <p>003 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL</p> <p>Mailing Address 21721-A FILIGREE CT</p> <p>City ASHBURN State VA Zip Code 20147</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.63555 Date of Disbursement 10 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 751.32</p> <p>003 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5409.82

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL</p> <p>Mailing Address 21721-A FILIGREE CT</p> <p>City ASHBURN State VA Zip Code 20147</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL Candidate Name 003 Category/ Type</p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.63556 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1702.25</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	7	/	2	0	0	6	1702.25
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	2	7	/	2	0	0	6													
1702.25																						
<p>B. Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC</p> <p>Mailing Address 4841 DILLON DR</p> <p>City PUEBLO State CO Zip Code 81008</p> <p>Purpose of Disbursement CAGING & ESCROW SERVICES Candidate Name 001 Category/ Type</p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.63558 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>8035.99</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	3	0	/	2	0	0	6	8035.99
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	3	0	/	2	0	0	6													
8035.99																						
<p>C. Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC</p> <p>Mailing Address 4841 DILLON DR</p> <p>City PUEBLO State CO Zip Code 81008</p> <p>Purpose of Disbursement CAGING & ESCROW SERVICES Candidate Name 001 Category/ Type</p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.63559 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2140.89</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	0	/	2	0	0	6	2140.89
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	2	0	/	2	0	0	6													
2140.89																						

SUBTOTAL of Disbursements This Page (optional) ►

11879.13

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) RPA LIMITED PARTNERS <hr/> Mailing Address 1420 SPRING HILL ROAD, SUITE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <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.63561 Date of Disbursement 10 / 19 / 2006
	Amount of Each Disbursement this Period 4590.45
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS <hr/> Mailing Address 1420 SPRING HILL ROAD, SUITE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <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.63562 Date of Disbursement 10 / 19 / 2006
	Amount of Each Disbursement this Period 2550.25
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS <hr/> Mailing Address 1420 SPRING HILL ROAD, SUITE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <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.63563 Date of Disbursement 10 / 19 / 2006
	Amount of Each Disbursement this Period 4590.45
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

11731.15

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) RPA LIMITED PARTNERS Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City MCLEAN State VA Zip Code 22102 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) ▼	Transaction ID: SB21B.63564 Date of Disbursement 10 / 19 / 2006
	Amount of Each Disbursement this Period 4590.45 Category/Type: 003
B. Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City MCLEAN State VA Zip Code 22102 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) ▼	Transaction ID: SB21B.63572 Date of Disbursement 10 / 30 / 2006
	Amount of Each Disbursement this Period 4545.00 Category/Type: 003
C. Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City MCLEAN State VA Zip Code 22102 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) ▼	Transaction ID: SB21B.63573 Date of Disbursement 10 / 30 / 2006
	Amount of Each Disbursement this Period 4545.00 Category/Type: 003

SUBTOTAL of Disbursements This Page (optional) ▶

13680.45

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

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

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

FOR LINE NUMBER:
(check only one)

<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) RPA LIMITED PARTNERS	Transaction ID: SB21B.63574 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="2020.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS	Transaction ID: SB21B.63575 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="3030.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS	Transaction ID: SB21B.63579 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="4545.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9595.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS <hr/> Mailing Address 1420 SPRING HILL ROAD, SUITE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL Candidate Name	Transaction ID: SB21B.63580 Date of Disbursement 11 / 06 / 2006
	Amount of Each Disbursement this Period 4545.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
B. Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS <hr/> Mailing Address 1420 SPRING HILL ROAD, SUITE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL Candidate Name	Transaction ID: SB21B.63581 Date of Disbursement 11 / 06 / 2006
	Amount of Each Disbursement this Period 4545.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
C. Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS <hr/> Mailing Address 1420 SPRING HILL ROAD, SUITE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL Candidate Name	Transaction ID: SB21B.63582 Date of Disbursement 11 / 06 / 2006
	Amount of Each Disbursement this Period 4545.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

SUBTOTAL of Disbursements This Page (optional) ►

13635.00

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

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

Use separate schedule(s)
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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) RPA LIMITED PARTNERS	Transaction ID: SB21B.63583 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="4545.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS	Transaction ID: SB21B.63584 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="2525.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS	Transaction ID: SB21B.63585 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="4545.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS	Transaction ID: SB21B.63586 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="3535.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RST MARKETING	Transaction ID: SB21B.63577 Date of Disbursement
	Mailing Address 1272 CORPORATE PARK RD	<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
	City FOREST State VA Zip Code 24551	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="8346.12"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RST MARKETING	Transaction ID: SB21B.63587 Date of Disbursement
	Mailing Address 1272 CORPORATE PARK RD	<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
	City FOREST State VA Zip Code 24551	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="3092.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="14973.12"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ZIP MAILING SERVICES INC	Transaction ID: SB21B.63571 Date of Disbursement
	Mailing Address 288 HANLEY INDUSTRIAL CT	<input type="text" value="10"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City ST LOUIS State MO Zip Code 63144	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="2758.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ZIP MAILING SERVICES INC	Transaction ID: SB21B.63578 Date of Disbursement
	Mailing Address 288 HANLEY INDUSTRIAL CT	<input type="text" value="11"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City ST LOUIS State MO Zip Code 63144	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="3150.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ZIP MAILING SERVICES INC	Transaction ID: SB21B.63591 Date of Disbursement
	Mailing Address 288 HANLEY INDUSTRIAL CT	<input type="text" value="11"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City ST LOUIS State MO Zip Code 63144	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="1592.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="117191.10"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 73 / 79

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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) ITHACA JOURNAL Mailing Address 221 ORISKANY PLAZA City UTICA State NY Zip Code 13501 Purpose of Disbursement NEWSPAPER AD Candidate Name RAY MEIER FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.55808 Date of Disbursement 11 / 07 / 2006
	Amount of Each Disbursement this Period 1092.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) TUCSON NEWS Mailing Address 110 S CHURCH AVE City TUCSON State AZ Zip Code 85701 Purpose of Disbursement NEWSPAPER AD Candidate Name GRAF FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.55812 Date of Disbursement 11 / 07 / 2006
	Amount of Each Disbursement this Period 1700.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ►

2792.00

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

2792.00

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/10.11562

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

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 1241 OAK CIRCLE DRIVE

City GLENDALE State CA ZIP Code 91208

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	2300.00	700.00

TERMS

Date Incurred: MM DD YY YY (12 02 2005) Date Due: ON DEMAND Interest Rate: 0.0000 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)	700.00
TOTALS This Period (last page in this line only)	700.00

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)	PAGE 75 / 79
	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 BULK MAILING & ADDRESSING, INC.	Nature of Debt (Purpose): DIRECT MAIL FUNRAISING FOR AAIL
Mailing Address 1328 CHARWOOD ROAD	
City HANOVER State MD ZIP Code 21076	

Outstanding Balance Beginning This Period 11813.99	Transaction ID: SD10.40707	
Amount Incurred This Period 0.00	Payment This Period 2824.27	Outstanding Balance at Close of This Period 8989.72

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 MCLEAN State VA ZIP Code 22102	

Outstanding Balance Beginning This Period 45308.43	Transaction ID: SD10.11517	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 45308.43

C. 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 WALDORF State MD ZIP Code 20602	

Outstanding Balance Beginning This Period 3144.55	Transaction ID: SD10.11518	
Amount Incurred This Period 1776.60	Payment This Period 4921.15	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	54298.15
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor COLORTREE			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 <input type="text" value="25320.15"/>		Transaction ID: SD10.40711	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25320.15"/>	

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 <input type="text" value="16101.30"/>		Transaction ID: SD10.40713	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="16101.30"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="75.00"/>		Transaction ID: SD10.40714	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="75.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="41496.45"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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

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

Outstanding Balance Beginning This Period 14646.48	Transaction ID: SD10.11519	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 14646.48

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	Transaction ID: SD10.40717	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2585.00

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

Outstanding Balance Beginning This Period 3113.25	Transaction ID: SD10.40719	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3113.25

1) SUBTOTALS This Period This Page (optional).....	▶	20344.73
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="1790.98"/>		Transaction ID: SD10.11520	
Amount Incurred This Period <input type="text" value="662.59"/>	Payment This Period <input type="text" value="2453.57"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="35745.58"/>		Transaction ID: SD10.11521	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="35745.58"/>	

C. 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 PUEBLO	State CO	ZIP Code 81008	

Outstanding Balance Beginning This Period <input type="text" value="6419.67"/>		Transaction ID: SD10.11522	
Amount Incurred This Period <input type="text" value="3757.21"/>	Payment This Period <input type="text" value="10176.88"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="35745.58"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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)	PAGE 79 / 79
	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 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 2843.40	Transaction ID: SD10.11523	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2843.40

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 12135.90	Transaction ID: SD10.11524	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12135.90

1) SUBTOTALS This Period This Page (optional).....	14979.30
2) TOTALS This Period (last page this line number only).....	166864.21
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	700.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	167564.21