



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		29643.66
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	47815.06									
(c) Total Receipts (from Line 19) .....	220064.73	620324.45								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	267879.79	649968.11								
7. Total Disbursements (from Line 31) .....	187082.24	569170.56								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	80797.55	80797.55								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	140950.20									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	20233.00	46793.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	162628.82	498325.37
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	182861.82	545118.37
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	182861.82	545118.37
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	5000.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	4096.35	6071.97
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	33106.56	64134.11
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	220064.73	620324.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	220064.73	620324.45

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	178750.24	554055.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	178750.24	554055.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	3332.00	4165.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	5000.00	10950.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	187082.24	569170.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	187082.24	569170.56

**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) .....	182861.82	545118.37
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	182861.82	545118.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	178750.24	554055.56
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	4096.35	6071.97
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	174653.89	547983.59

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

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

FOR LINE NUMBER: PAGE 6 / 101  
(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 DON E ACKERMAN 341

Mailing Address 24311 WALDEN CENTER DR

City State Zip Code  
BONITA SPRINGS FL 34134

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

Name of Employer Occupation  
CHANDELLE VENTURES INC EXECUTIVE

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 / 1 0 / 2 0 0 7

**Transaction ID:** SA11AI.38329

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

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

**Transaction ID:** SA11AI.39851

Amount of Each Receipt this Period  
417.00

**C.** Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 427.00

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

**Transaction ID:** SA11AI.39856

Amount of Each Receipt this Period  
2.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **669.00**

**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 7 / 101  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) ANON ANON 810</p> <p>Mailing Address 4841 DILLON DR</p> <p>City State Zip Code PUEBLO CO 81008</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">430.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2007</span></p> <p><b>Transaction ID:</b> SA11AI.39857</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">3.00</span></p>
---	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) ANON ANON 810</p> <p>Mailing Address 4841 DILLON DR</p> <p>City State Zip Code PUEBLO CO 81008</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">436.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2007</span></p> <p><b>Transaction ID:</b> SA11AI.39769</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">6.00</span></p>
---	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) ANON ANON 810</p> <p>Mailing Address 4841 DILLON DR</p> <p>City State Zip Code PUEBLO CO 81008</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">456.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2007</span></p> <p><b>Transaction ID:</b> SA11AI.39770</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">20.00</span></p>
---	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">29.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 101

(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)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
**PUEBLO CO 81008**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 762.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 25 / 2007

**Transaction ID:** SA11AI.39852

Amount of Each Receipt this Period  
306.00

**B.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
**PUEBLO CO 81008**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 764.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 26 / 2007

**Transaction ID:** SA11AI.39845

Amount of Each Receipt this Period  
2.00

**C.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
**PUEBLO CO 81008**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 766.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 26 / 2007

**Transaction ID:** SA11AI.39846

Amount of Each Receipt this Period  
2.00

**SUBTOTAL** of Receipts This Page (optional) ..... 310.00

**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 / 101  
(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)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 768.00

Date of Receipt: 07 / 26 / 2007  
**Transaction ID: SA11AI.39847**  
 Amount of Each Receipt this Period: 2.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 771.00

Date of Receipt: 07 / 26 / 2007  
**Transaction ID: SA11AI.39849**  
 Amount of Each Receipt this Period: 3.00

**C.** Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 966.00

Date of Receipt: 07 / 26 / 2007  
**Transaction ID: SA11AI.39858**  
 Amount of Each Receipt this Period: 195.00

**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 10 / 101  
(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)  
ANON ANON 810  
Mailing Address 4841 DILLON DR  
City PUEBLO State CO Zip Code 81008  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 968.00  
Date of Receipt 07 / 27 / 2007  
Transaction ID: SA11AI.39848  
Amount of Each Receipt this Period 2.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON 810  
Mailing Address 4841 DILLON DR  
City PUEBLO State CO Zip Code 81008  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1054.00  
Date of Receipt 07 / 27 / 2007  
Transaction ID: SA11AI.39854  
Amount of Each Receipt this Period 86.00

**C.** Full Name (Last, First, Middle Initial)  
ANON ANON 810  
Mailing Address 4841 DILLON DR  
City PUEBLO State CO Zip Code 81008  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1056.00  
Date of Receipt 07 / 27 / 2007  
Transaction ID: SA11AI.39859  
Amount of Each Receipt this Period 2.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00  
**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 / 101  
(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)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1058.00

Date of Receipt: 07 / 30 / 2007  
**Transaction ID: SA11AI.39853**  
 Amount of Each Receipt this Period: 2.00

**B.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1060.00

Date of Receipt: 07 / 30 / 2007  
**Transaction ID: SA11AI.39855**  
 Amount of Each Receipt this Period: 2.00

**C.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1151.00

Date of Receipt: 07 / 30 / 2007  
**Transaction ID: SA11AI.39860**  
 Amount of Each Receipt this Period: 91.00

**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 12 / 101  
(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)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1257.00

Date of Receipt  

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

**Transaction ID:** SA11AI.39791

Amount of Each Receipt this Period  
106.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1259.00

Date of Receipt  

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

**Transaction ID:** SA11AI.39792

Amount of Each Receipt this Period  
2.00

**C.** Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1261.00

Date of Receipt  

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

**Transaction ID:** SA11AI.39793

Amount of Each Receipt this Period  
2.00

**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 13 / 101  
(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)  
ANON ANON 810  
Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1276.00

Date of Receipt  

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

**Transaction ID:** SA11AI.39795  
 Amount of Each Receipt this Period  
15.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON 810  
Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1308.00

Date of Receipt  

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

**Transaction ID:** SA11AI.39806  
 Amount of Each Receipt this Period  
32.00

**C.** Full Name (Last, First, Middle Initial)  
ANON ANON 810  
Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1310.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	3	/	2	0	0	7

**Transaction ID:** SA11AI.39789  
 Amount of Each Receipt this Period  
2.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **49.00**

**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 14 / 101

(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)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1334.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 03 / 2007

Transaction ID: SA11AI.39797

Amount of Each Receipt this Period

24.00
-------

**B.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1376.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 06 / 2007

Transaction ID: SA11AI.39800

Amount of Each Receipt this Period

42.00
-------

**C.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1379.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 07 / 2007

Transaction ID: SA11AI.39801

Amount of Each Receipt this Period

3.00
------

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

69.00
-------

**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 15 / 101  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1390.00

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

Transaction ID: SA11AI.39802

Amount of Each Receipt this Period  
11.00

**B.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1394.00

Date of Receipt  
MM / DD / YYYY  
08 / 09 / 2007

Transaction ID: SA11AI.39803

Amount of Each Receipt this Period  
4.00

**C.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1406.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2007

Transaction ID: SA11AI.39804

Amount of Each Receipt this Period  
12.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **27.00**

**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 16 / 101  
(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)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1428.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2007

Transaction ID: SA11AI.39805

Amount of Each Receipt this Period  
22.00

**B.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1435.00

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2007

Transaction ID: SA11AI.39780

Amount of Each Receipt this Period  
7.00

**C.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1438.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2007

Transaction ID: SA11AI.39778

Amount of Each Receipt this Period  
3.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **32.00**

**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 / 101  
(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)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1455.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2007

Transaction ID: SA11AI.39796

Amount of Each Receipt this Period  
17.00

**B.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1463.00

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

Transaction ID: SA11AI.39773

Amount of Each Receipt this Period  
8.00

**C.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1471.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2007

Transaction ID: SA11AI.39774

Amount of Each Receipt this Period  
8.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **33.00**

**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 18 / 101

(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)

ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1473.00

Date of Receipt

MM / DD / YYYY  
08 / 21 / 2007

Transaction ID: SA11AI.39776

Amount of Each Receipt this Period

2.00

**B.**

Full Name (Last, First, Middle Initial)

ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1475.00

Date of Receipt

MM / DD / YYYY  
08 / 21 / 2007

Transaction ID: SA11AI.39777

Amount of Each Receipt this Period

2.00

**C.**

Full Name (Last, First, Middle Initial)

ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1476.00

Date of Receipt

MM / DD / YYYY  
08 / 22 / 2007

Transaction ID: SA11AI.39779

Amount of Each Receipt this Period

1.00

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

5.00

**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 / 101  
(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)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1479.00

Date of Receipt: 08 / 23 / 2007  
**Transaction ID: SA11AI.39782**  
 Amount of Each Receipt this Period: 3.00

**B.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1485.00

Date of Receipt: 08 / 24 / 2007  
**Transaction ID: SA11AI.39787**  
 Amount of Each Receipt this Period: 6.00

**C.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1494.00

Date of Receipt: 08 / 27 / 2007  
**Transaction ID: SA11AI.39814**  
 Amount of Each Receipt this Period: 9.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 18.00

**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 / 101

(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)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1498.00

Date of Receipt

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

Transaction ID: SA11AI.39842

Amount of Each Receipt this Period

4.00
------

**B.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1501.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: SA11AI.39798

Amount of Each Receipt this Period

3.00
------

**C.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1503.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.39827

Amount of Each Receipt this Period

2.00
------

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

9.00
------

**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 / 101  
(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)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1506.00

Date of Receipt: 09 / 04 / 2007  
**Transaction ID: SA11AI.39786**  
 Amount of Each Receipt this Period: 3.00

**B.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1509.00

Date of Receipt: 09 / 04 / 2007  
**Transaction ID: SA11AI.39832**  
 Amount of Each Receipt this Period: 3.00

**C.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1559.00

Date of Receipt: 09 / 04 / 2007  
**Transaction ID: SA11AI.39843**  
 Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **56.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 101

(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)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City	State	Zip Code
PUEBLO	CO	81008

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

Name of Employer Occupation

Receipt For:

Primary  General

Other (specify) ▼

Aggregate Year-to-Date ▼

1561.00

Date of Receipt

MM / DD / YYYY  
09 / 05 / 2007

Transaction ID: SA11AI.39834

Amount of Each Receipt this Period

2.00

**B.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City	State	Zip Code
PUEBLO	CO	81008

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

Name of Employer Occupation

Receipt For:

Primary  General

Other (specify) ▼

Aggregate Year-to-Date ▼

1563.00

Date of Receipt

MM / DD / YYYY  
09 / 06 / 2007

Transaction ID: SA11AI.39825

Amount of Each Receipt this Period

2.00

**C.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City	State	Zip Code
PUEBLO	CO	81008

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

Name of Employer Occupation

Receipt For:

Primary  General

Other (specify) ▼

Aggregate Year-to-Date ▼

1565.00

Date of Receipt

MM / DD / YYYY  
09 / 07 / 2007

Transaction ID: SA11AI.39837

Amount of Each Receipt this Period

2.00

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

6.00

**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 23 / 101  
(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)  
ANON ANON 810  
Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1568.00

Date of Receipt  

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

**Transaction ID:** SA11AI.39838  
 Amount of Each Receipt this Period  
 3.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON 810  
Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1572.00

Date of Receipt  

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

**Transaction ID:** SA11AI.39839  
 Amount of Each Receipt this Period  
 4.00

**C.** Full Name (Last, First, Middle Initial)  
ANON ANON 810  
Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1575.00

Date of Receipt  

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

**Transaction ID:** SA11AI.39840  
 Amount of Each Receipt this Period  
 3.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10.00**

**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 24 / 101  
(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)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1578.00

Date of Receipt: 09 / 17 / 2007  
**Transaction ID:** SA11AI.39841  
 Amount of Each Receipt this Period: 3.00

**B.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1579.00

Date of Receipt: 09 / 18 / 2007  
**Transaction ID:** SA11AI.39816  
 Amount of Each Receipt this Period: 1.00

**C.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1581.00

Date of Receipt: 09 / 19 / 2007  
**Transaction ID:** SA11AI.39835  
 Amount of Each Receipt this Period: 2.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6.00

**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 25 / 101  
(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)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1582.00

Date of Receipt: 09 / 20 / 2007  
**Transaction ID: SA11AI.39833**  
 Amount of Each Receipt this Period: 1.00

**B.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1585.00

Date of Receipt: 09 / 24 / 2007  
**Transaction ID: SA11AI.39808**  
 Amount of Each Receipt this Period: 3.00

**C.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1586.00

Date of Receipt: 09 / 25 / 2007  
**Transaction ID: SA11AI.39809**  
 Amount of Each Receipt this Period: 1.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5.00

**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 / 101  
(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)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1588.00

Date of Receipt: 09 / 26 / 2007  
**Transaction ID: SA11AI.39810**  
 Amount of Each Receipt this Period: 2.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1608.00

Date of Receipt: 10 / 01 / 2007  
**Transaction ID: SA11AI.39811**  
 Amount of Each Receipt this Period: 20.00

**C.** Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1609.00

Date of Receipt: 10 / 01 / 2007  
**Transaction ID: SA11AI.39812**  
 Amount of Each Receipt this Period: 1.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 23.00

**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 27 / 101  
(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)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1610.00

Date of Receipt: 10 / 02 / 2007  
**Transaction ID:** SA11AI.39813  
 Amount of Each Receipt this Period: 1.00

**B.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1611.00

Date of Receipt: 10 / 03 / 2007  
**Transaction ID:** SA11AI.39815  
 Amount of Each Receipt this Period: 1.00

**C.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1612.00

Date of Receipt: 10 / 03 / 2007  
**Transaction ID:** SA11AI.39824  
 Amount of Each Receipt this Period: 1.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3.00

**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 / 101  
(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)  
ANON ANON 810  
Mailing Address 4841 DILLON DR  
City PUEBLO State CO Zip Code 81008  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1613.00  
Date of Receipt: 10 / 05 / 2007  
Transaction ID: SA11AI.39817  
Amount of Each Receipt this Period 1.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON 810  
Mailing Address 4841 DILLON DR  
City PUEBLO State CO Zip Code 81008  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1633.00  
Date of Receipt: 10 / 05 / 2007  
Transaction ID: SA11AI.39818  
Amount of Each Receipt this Period 20.00

**C.** Full Name (Last, First, Middle Initial)  
ANON ANON 810  
Mailing Address 4841 DILLON DR  
City PUEBLO State CO Zip Code 81008  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1634.00  
Date of Receipt: 10 / 10 / 2007  
Transaction ID: SA11AI.39820  
Amount of Each Receipt this Period 1.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 22.00  
**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 / 101

(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)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1639.00

Date of Receipt

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

Transaction ID: SA11AI.39822

Amount of Each Receipt this Period

5.00
------

**B.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1644.00

Date of Receipt

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

Transaction ID: SA11AI.39823

Amount of Each Receipt this Period

5.00
------

**C.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1645.00

Date of Receipt

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

Transaction ID: SA11AI.39821

Amount of Each Receipt this Period

1.00
------

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

11.00

**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 / 101  
(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)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  
MM / DD / YYYY  
10 / 23 / 2007

**Transaction ID:** SA11AI.39819

Amount of Each Receipt this Period  
5.00

**B.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1651.00

Date of Receipt  
MM / DD / YYYY  
10 / 25 / 2007

**Transaction ID:** SA11AI.39807

Amount of Each Receipt this Period  
1.00

**C.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1661.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2007

**Transaction ID:** SA11AI.39836

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **16.00**

**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 / 101  
(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)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1662.00

Date of Receipt  

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

**Transaction ID:** SA11AI.39829

Amount of Each Receipt this Period  
1.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1663.00

Date of Receipt  

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

**Transaction ID:** SA11AI.39830

Amount of Each Receipt this Period  
1.00

**C.** Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1664.00

Date of Receipt  

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

**Transaction ID:** SA11AI.39831

Amount of Each Receipt this Period  
1.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3.00**

**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 / 101

(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)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City	State	Zip Code
PUEBLO	CO	81008

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

Name of Employer Occupation

Receipt For:

Primary  General

Other (specify) ▼

Aggregate Year-to-Date ▼

1665.00

Date of Receipt

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

Transaction ID: SA11AI.39828

Amount of Each Receipt this Period

1.00

**B.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City	State	Zip Code
PUEBLO	CO	81008

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

Name of Employer Occupation

Receipt For:

Primary  General

Other (specify) ▼

Aggregate Year-to-Date ▼

1666.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	7

Transaction ID: SA11AI.39785

Amount of Each Receipt this Period

1.00

**C.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City	State	Zip Code
PUEBLO	CO	81008

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

Name of Employer Occupation

Receipt For:

Primary  General

Other (specify) ▼

Aggregate Year-to-Date ▼

1667.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	7

Transaction ID: SA11AI.39826

Amount of Each Receipt this Period

1.00

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

3.00

**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 / 101

(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)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1668.00

Date of Receipt

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

Transaction ID: SA11AI.39783

Amount of Each Receipt this Period

1.00
------

**B.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1670.00

Date of Receipt

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

Transaction ID: SA11AI.39784

Amount of Each Receipt this Period

2.00
------

**C.**

Full Name (Last, First, Middle Initial)  
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1671.00

Date of Receipt

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

Transaction ID: SA11AI.39781

Amount of Each Receipt this Period

1.00
------

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

4.00
------

**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 / 101  
(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)  
ANON ANON 810  
Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1672.00

Date of Receipt  

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

**Transaction ID:** SA11AI.39771  
 Amount of Each Receipt this Period  
1.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON 810  
Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1673.00

Date of Receipt  

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

**Transaction ID:** SA11AI.39788  
 Amount of Each Receipt this Period  
1.00

**C.** Full Name (Last, First, Middle Initial)  
ANON ANON 810  
Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1674.00

Date of Receipt  

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

**Transaction ID:** SA11AI.39775  
 Amount of Each Receipt this Period  
1.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3.00**

**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 / 101  
(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)  
ANON ANON 810  
Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1684.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2007

**Transaction ID:** SA11AI.39799

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON 810  
Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1685.00

Date of Receipt  
MM / DD / YYYY  
12 / 17 / 2007

**Transaction ID:** SA11AI.39794

Amount of Each Receipt this Period  
1.00

**C.** Full Name (Last, First, Middle Initial)  
ANON ANON 810  
Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1686.00

Date of Receipt  
MM / DD / YYYY  
12 / 18 / 2007

**Transaction ID:** SA11AI.39772

Amount of Each Receipt this Period  
1.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 12.00

**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 / 101  
(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)  
ANON ANON 810  
Mailing Address 4841 DILLON DR  
City PUEBLO State CO Zip Code 81008  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1687.00  
Date of Receipt 12 / 18 / 2007  
Transaction ID: SA11AI.39790  
Amount of Each Receipt this Period 1.00

**B.** Full Name (Last, First, Middle Initial)  
MS KAY BACHELLER 334  
Mailing Address PO BOX 160  
City BOYNTON BEACH State FL Zip Code 33425  
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 09 / 11 / 2007  
Transaction ID: SA11AI.41005  
Amount of Each Receipt this Period 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **751.00**  
**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 / 101  
(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 BARBARA B BAKER 840

Mailing Address 9735 S 500 W

City SANDY State UT Zip Code 84070

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

Name of Employer CHALLENGER SCHOOL Occupation EDUCATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 11 / 26 / 2007

Transaction ID: SA11AI.33188

Amount of Each Receipt this Period: 200.00

**B.**

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

Mailing Address 19191 HARVARD AVE APT 431 A

City IRVINE State CA Zip Code 92612

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt: 07 / 25 / 2007

Transaction ID: SA11AI.35961

Amount of Each Receipt this Period: 201.00

**C.**

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

Mailing Address 19191 HARVARD AVE APT 431 A

City IRVINE State CA Zip Code 92612

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 402.00

Date of Receipt: 09 / 04 / 2007

Transaction ID: SA11AI.35964

Amount of Each Receipt this Period: 201.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **602.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 101

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS ANN S BAKER 926		Date of Receipt																					
	Mailing Address 19191 HARVARD AVE APT 431 A		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	0		2	0	0	7														
City	State	Zip Code	<b>Transaction ID:</b> SA11AI.35963																					
IRVINE	CA	92612	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		<b>C</b>	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 ▼	502.00																					

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS ANN S BAKER 926		Date of Receipt																					
	Mailing Address 19191 HARVARD AVE APT 431 A		<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>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	6		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		0	6		2	0	0	7														
City	State	Zip Code	<b>Transaction ID:</b> SA11AI.35962																					
IRVINE	CA	92612	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		<b>C</b>	201.00																					
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 ▼	703.00																					

<b>C.</b>	Full Name (Last, First, Middle Initial) MR DONALD BALLOU 057		Date of Receipt																					
	Mailing Address 256 WEYBRIDGE 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>0</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	0		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	0		2	0	0	7														
City	State	Zip Code	<b>Transaction ID:</b> SA11AI.39739																					
MIDDLEBURY	VT	05753	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		<b>C</b>	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 ▼	251.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	401.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 101

(check only one)

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

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

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

**A.**

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

Mailing Address 334 W CEDAR ST

City State Zip Code  
NEW HOLLAND PA 17557

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 561.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 26 / 2007

Transaction ID: SA11AI.35517

Amount of Each Receipt this Period

561.00

**B.**

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

Mailing Address 334 W CEDAR ST

City State Zip Code  
NEW HOLLAND PA 17557

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 ▼ 1122.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 23 / 2007

Transaction ID: SA11AI.35516

Amount of Each Receipt this Period

561.00

**C.**

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

Mailing Address 334 W CEDAR ST

City State Zip Code  
NEW HOLLAND PA 17557

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 ▼ 1172.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 28 / 2007

Transaction ID: SA11AI.35515

Amount of Each Receipt this Period

50.00

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

1172.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 101  
(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)  
FUMIE BRYCE 985

Mailing Address 4532 INTELCO LOOP SE #354

City State Zip Code  
LACEY WA 98503

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

**Transaction ID:** SA11AI.31879

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3716 MAPLEWOOD AVE

City State Zip Code  
DALLAS TX 75205

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID:** SA11AI.44268

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 13 STONE HILL DR N

City State Zip Code  
NORTH HILLS NY 11030

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

Name of Employer Occupation  
MORGAN & FINNEGAN RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

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

**Transaction ID:** SA11AI.35338

Amount of Each Receipt this Period  
400.00

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

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



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

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

FOR LINE NUMBER: PAGE 41 / 101  
(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)  
MRS MARJORIE DAVIS 043

Mailing Address 6 HUCKLEBERRY LN

City State Zip Code  
AUGUSTA ME 04330

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

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

**Transaction ID:** SA11AI.39318

Amount of Each Receipt this Period  
800.00

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

Mailing Address 6 HUCKLEBERRY LN

City State Zip Code  
AUGUSTA ME 04330

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

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

**Transaction ID:** SA11AI.39319

Amount of Each Receipt this Period  
500.00

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

Mailing Address 6 HUCKLEBERRY LN

City State Zip Code  
AUGUSTA ME 04330

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

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

**Transaction ID:** SA11AI.39320

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1800.00

**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 42 / 101  
(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 BREWSTER J DURKEE 322

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 ▼ 400.00

Date of Receipt: 10 / 10 / 2007  
**Transaction ID: SA11AI.35986**  
 Amount of Each Receipt this Period: 200.00

**B.**

Full Name (Last, First, Middle Initial)  
MR BREWSTER J DURKEE 322

Mailing Address 5027 RIVER POINT RD

City 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 ▼ 450.00

Date of Receipt: 12 / 12 / 2007  
**Transaction ID: SA11AI.35985**  
 Amount of Each Receipt this Period: 50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR ROBERT J EICHENBERG 926

Mailing Address 1 COLLINS ISLAND

City NEWPORT BEACH State CA Zip Code 92662

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

Name of Employer ELLISON ED EQ INC Occupation CO-OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 25 / 2007  
**Transaction ID: SA11AI.45154**  
 Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**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 43 / 101
	(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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR THOMAS FAILS 802		Date of Receipt
	Mailing Address 965 S MONROE ST		<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	DENVER	CO	80209
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.39763
Name of Employer SELF EMPLOYED		Occupation PETROLEUM GEOLOGIST	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="201.00"/>
		<input type="text" value="201.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) MARION FRANK 448		Date of Receipt
	Mailing Address 6948 TOWNSHIP ROAD 451		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	LOUDONVILLE	OH	44842
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.40590
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="200.00"/>
		<input type="text" value="300.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) MARION FRANK 448		Date of Receipt
	Mailing Address 6948 TOWNSHIP ROAD 451		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	LOUDONVILLE	OH	44842
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.40588
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="50.00"/>
		<input type="text" value="350.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="451.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 101

(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 STEVEN J FRISBIE 496

Mailing Address 616 HOLLY RD

City State Zip Code  
CADILLAC MI 49601

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 12 / 2007

Transaction ID: SA11AI.40799

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
MR PHILIP O GELER 452, JR

Mailing Address 6000 REDBIRD HOLLOW LN

City State Zip Code  
CINCINNATI OH 45243

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 14 / 2007

Transaction ID: SA11AI.42198

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
MR RICHARD GFIFFITH 705

Mailing Address PO BOX 91610

City State Zip Code  
LAFAYETTE LA 70509

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  
09 / 04 / 2007

Transaction ID: SA11AI.41112

Amount of Each Receipt this Period

100.00

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

400.00

**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 / 101

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MRS DOROTHY G GRIFFIN 134

Mailing Address 8209 PHILLIPS RD

City State Zip Code  
ROME NY 13440

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  
08 / 02 / 2007

Transaction ID: SA11AI.33807

Amount of Each Receipt this Period

201.00

**B.**

Full Name (Last, First, Middle Initial)  
MS SUZANNE GOTTLIEB 902

Mailing Address 617 N MAPLE DR

City State Zip Code  
BEVERLY HILLS CA 90210

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

Name of Employer Occupation  
SELF EMPLOYED PROPERTY MANAGEMENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 03 / 2007

Transaction ID: SA11AI.40783

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
MR ROBERT B GREEN 945

Mailing Address 335 SAINT ANDREWS DR

City State Zip Code  
NAPA CA 94558

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  
08 / 21 / 2007

Transaction ID: SA11AI.45095

Amount of Each Receipt this Period

201.00

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

652.00

**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 / 101

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR WESLEY GROW 194		Date of Receipt
	Mailing Address 248 MINERAL ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7
	City	State	Zip Code
	POTTSTOWN	PA	19464
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.37368
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"/> 250.00	<input type="text"/> 150.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MR WESLEY GROW 194		Date of Receipt
	Mailing Address 248 MINERAL ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 1 / 2 0 0 7
	City	State	Zip Code
	POTTSTOWN	PA	19464
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.37369
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"/> 350.00	<input type="text"/> 100.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MR WESLEY GROW 194		Date of Receipt
	Mailing Address 248 MINERAL ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7
	City	State	Zip Code
	POTTSTOWN	PA	19464
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.37371
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"/> 550.00	<input type="text"/> 200.00

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

**450.00**

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

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

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

FOR LINE NUMBER: PAGE 47 / 101  
(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)  
DR SIG T HANSEN 981, JR

Mailing Address 2563 MAGNOLIA BLVD W

City State Zip Code  
SEATTLE WA 98199

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

Name of Employer Occupation  
DOCTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 11 / 2007

**Transaction ID:** SA11AI.31859

Amount of Each Receipt this Period  
100.00

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

Mailing Address 415 YORKSHIRE RD

City State Zip Code  
CHERRY HILL NJ 08034

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

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

**Transaction ID:** SA11AI.39550

Amount of Each Receipt this Period  
50.00

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

Mailing Address 504 W BLEEKER ST

City State Zip Code  
ASPEN CO 81611

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 18 / 2007

**Transaction ID:** SA11AI.39950

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1150.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 101  
(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)  
DR DARRELL J HOMAN 910  
Mailing Address 85 PALM HILL LN

City State Zip Code  
BRADBURY CA 91010

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

Name of Employer Occupation  
DOCTOR

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 7  
Transaction ID: SA11AI.36384  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
DR DARRELL J HOMAN 910  
Mailing Address 85 PALM HILL LN

City State Zip Code  
BRADBURY CA 91010

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

Name of Employer Occupation  
DOCTOR

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7  
Transaction ID: SA11AI.36385  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
MRS CORNELIA D JAHNAKE 068  
Mailing Address 125 W LYON FARM DR

City State Zip Code  
GREENWICH CT 06831

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

Name of Employer Occupation

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 6 / 2 0 0 7  
Transaction ID: SA11AI.37055  
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: (check only one)	PAGE 49 / 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) E L JONES 282, JR	Date of Receipt MM / DD / YYYY 09 / 04 / 2007
	Mailing Address 7035 MARCHING DUCK DR VILLA E406	<b>Transaction ID:</b> SA11AI.36327
	City State Zip Code CHARLOTTE NC 28210	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 201.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) E L JONES 282, JR	Date of Receipt MM / DD / YYYY 10 / 10 / 2007
	Mailing Address 7035 MARCHING DUCK DR VILLA E406	<b>Transaction ID:</b> SA11AI.36326
	City State Zip Code CHARLOTTE NC 28210	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 301.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR RALPH W KAUFMANN 175	Date of Receipt MM / DD / YYYY 08 / 17 / 2007
	Mailing Address 950 WILLOW VALLEY LAKES DR #K-202	<b>Transaction ID:</b> SA11AI.40603
	City State Zip Code WILLOW STREET PA 17584	Amount of Each Receipt this Period 500.00
	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 ▼ 500.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 101  
(check only one)

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

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

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

**A.**

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

Mailing Address 2432 WINDROW DR

City PRINCETON State NJ Zip Code 08540

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

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

Transaction ID: SA11AI.35506

Amount of Each Receipt this Period: 1.00

**B.**

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

Mailing Address 10558 GRANDVIEW DR

City LA MESA State CA Zip Code 91941

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
07 / 16 / 2007

Transaction ID: SA11AI.41354

Amount of Each Receipt this Period: 250.00

**C.**

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

Mailing Address 10558 GRANDVIEW DR

City LA MESA State CA Zip Code 91941

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY  
12 / 10 / 2007

Transaction ID: SA11AI.41355

Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **301.00**

**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 51 / 101  
(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 WALTER H KLEINER 980  
Mailing Address 1725 89TH PL N E

City State Zip Code  
CLYDE HILL WA 98004

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 438.00

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

**Transaction ID:** SA11AI.44681

Amount of Each Receipt this Period  
263.00

**B.** Full Name (Last, First, Middle Initial)  
MS SUSAN KOTTA 115  
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 NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

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

**Transaction ID:** SA11AI.39999

Amount of Each Receipt this Period  
102.00

**C.** Full Name (Last, First, Middle Initial)  
MS SUSAN KOTTA 115  
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 NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 278.00

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

**Transaction ID:** SA11AI.40000

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **415.00**

**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 52 / 101  
(check only one)

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
MRS JANE B LAIRD 198

Mailing Address 4031 KENNETT PIKE APT 163

City State Zip Code  
WILMINGTON DE 19807

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
244.00

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

**Transaction ID:** SA11AI.33134

Amount of Each Receipt this Period  
116.00

**B.** Full Name (Last, First, Middle Initial)  
MARY JO MANNING 787

Mailing Address 231 PALISADE DR

City State Zip Code  
AUSTIN TX 78737

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 ▼  
202.00

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

**Transaction ID:** SA11AI.45172

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MR JOHN P MCBRIDE 816

Mailing Address 303 E. ABC

City State Zip Code  
ASPEN CO 81611

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2007

**Transaction ID:** SA11AI.40260

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **466.00**

**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 / 101

(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 JOHN P MCBRIDE 816

Mailing Address 303 E. ABC

City State Zip Code  
ASPEN CO 81611

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 07 / 2007

Transaction ID: SA11AI.40261

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

MRS JUDITH MEYERS 070

Mailing Address 51 N MAIN ST APT A35

City State Zip Code  
BOONTON NJ 07005

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
213.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 10 / 2007

Transaction ID: SA11AI.31819

Amount of Each Receipt this Period

71.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOSEPH H MOORE 853

Mailing Address PO BOX 5132

City State Zip Code  
SUN CITY WEST AZ 85376

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
301.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 05 / 2007

Transaction ID: SA11AI.32145

Amount of Each Receipt this Period

200.00

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

471.00

**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 54 / 101  
(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 CARL NEFF 442  
Mailing Address 8187 STATE ROUTE 43  
City State Zip Code  
STREETSBORO OH 44241  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 201.00  
Date of Receipt: 08 / 22 / 2007  
Transaction ID: SA11AI.35141  
Amount of Each Receipt this Period: 201.00

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

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1443.00  
**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 55 / 101  
(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)  
MS PATTI PAGE 920  
Mailing Address 404 LOMA LARGA DR  
City SOLANA BEACH State CA Zip Code 92075  
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 10 / 02 / 2007  
Transaction ID: SA11AI.42439  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
MR THEODORE J RISCH 601  
Mailing Address 545 INGALTON AVE  
City WEST CHICAGO State IL Zip Code 60185  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 306.00  
Date of Receipt 10 / 03 / 2007  
Transaction ID: SA11AI.45157  
Amount of Each Receipt this Period 204.00

**C.** Full Name (Last, First, Middle Initial)  
MR ANTHONY RYAN 037  
Mailing Address 393 DORCHESTER RD  
City LYME State NH Zip Code 03768  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 09 / 14 / 2007  
Transaction ID: SA11AI.38765  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1454.00  
**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 / 101  
(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 ANTHONY RYAN 037

Mailing Address 393 DORCHESTER RD

City State Zip Code  
LYME NH 03768

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

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

**Transaction ID:** SA11AI.38764

Amount of Each Receipt this Period  
500.00

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

Mailing Address 6130 LOS FELINOS CIR

City State Zip Code  
EL PASO TX 79912

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

Name of Employer RANCHO RUIDOSO CORP Occupation REAL ESTATE INVESTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 501.00

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

**Transaction ID:** SA11AI.33212

Amount of Each Receipt this Period  
501.00

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

Mailing Address 610 1ST ST

City State Zip Code  
CORONADO CA 92118

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 501.00

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

**Transaction ID:** SA11AI.38653

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1501.00**

**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 57 / 101  
(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 ROBERT E SMITH 600

Mailing Address 122 N SYLVAN DR

City State Zip Code  
MUNDELEIN IL 60060

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2007

**Transaction ID:** SA11AI.34013

Amount of Each Receipt this Period  
75.00

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

Mailing Address 715 RENAISSANCE DR APT 205

City State Zip Code  
WILLIAMSVILLE NY 14221

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 06 / 2007

**Transaction ID:** SA11AI.35638

Amount of Each Receipt this Period  
100.00

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

Mailing Address P O BOX 310330

City State Zip Code  
NEW BRAUNFELS TX 78131

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

Name of Employer Occupation  
DEAN WORD CO EXECUTIVE

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 06 / 2007

**Transaction ID:** SA11AI.37762

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.00**

**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 / 101
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) ROBERT ZAITLIN 900		Date of Receipt
	Mailing Address 118 S CLIFFWOOD AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7
	City	State	Zip Code
	LOS ANGELES	CA	90049
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.36629
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer NONE		Occupation RETIRED	<input type="text"/> 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

<b>B.</b>	Full Name (Last, First, Middle Initial) ROBERT ZAITLIN 900		Date of Receipt
	Mailing Address 118 S CLIFFWOOD AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 1 0 / 2 0 0 7
	City	State	Zip Code
	LOS ANGELES	CA	90049
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.36628
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer NONE		Occupation RETIRED	<input type="text"/> 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 300.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 20233.00

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

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

FOR LINE NUMBER: PAGE 59 / 101  
(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)  
CATTERTON PRINTING INC

Mailing Address 100 POST OFFICE ROAD

City State Zip Code  
WALDORF MD 20602

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2513.65

Date of Receipt  

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

**Transaction ID:** SA15.45191

Amount of Each Receipt this Period  
2513.65

REFUND

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

Mailing Address 1272 CORPORATE PARK RD

City State Zip Code  
FOREST VA 24551

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2696.97

Date of Receipt  

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

**Transaction ID:** SA15.45189

Amount of Each Receipt this Period  
791.35

REFUND

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

Mailing Address 1272 CORPORATE PARK RD

City State Zip Code  
FOREST VA 24551

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3488.32

Date of Receipt  

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

**Transaction ID:** SA15.45190

Amount of Each Receipt this Period  
791.35

REFUND

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 101  
(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)  
OMEGA LIST COMPANY

Mailing Address 1420 SPRING HILL RD  
STE 490

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
35164.93

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

Transaction ID: SA17.45192

Amount of Each Receipt this Period  
4137.38

LIST RENTAL INCOME

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

Mailing Address 1420 SPRING HILL RD  
STE 490

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
36530.91

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

Transaction ID: SA17.45193

Amount of Each Receipt this Period  
1365.98

LIST RENTAL INCOME

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

Mailing Address 1420 SPRING HILL RD  
STE 490

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
39365.35

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2007

Transaction ID: SA17.45194

Amount of Each Receipt this Period  
2834.44

LIST RENTAL INCOME

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8337.80**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 101  
(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)  
OMEGA LIST COMPANY

Mailing Address 1420 SPRING HILL RD  
STE 490

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
45410.95

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 01 / 2007

Transaction ID: SA17.45195

Amount of Each Receipt this Period  
6045.60

LIST RENTAL INCOME

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

Mailing Address 1420 SPRING HILL RD  
STE 490

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
46421.44

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 01 / 2007

Transaction ID: SA17.45196

Amount of Each Receipt this Period  
1010.49

LIST RENTAL INCOME

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

Mailing Address 1420 SPRING HILL RD  
STE 490

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
49681.86

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 16 / 2007

Transaction ID: SA17.45197

Amount of Each Receipt this Period  
3260.42

LIST RENTAL INCOME

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10316.51**

**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 62 / 101

(check only one)

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

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

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

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

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

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

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

**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 63 / 101  
(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)  
OMEGA LIST COMPANY

Mailing Address 1420 SPRING HILL RD  
STE 490

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
58536.19

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

Transaction ID: SA17.45201

Amount of Each Receipt this Period  
939.21

LIST RENTAL INCOME

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

Mailing Address 1420 SPRING HILL RD  
STE 490

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
63411.83

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

Transaction ID: SA17.45202

Amount of Each Receipt this Period  
4875.64

LIST RENTAL INCOME

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

Mailing Address 1420 SPRING HILL RD  
STE 490

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
64134.11

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

Transaction ID: SA17.45203

Amount of Each Receipt this Period  
722.28

LIST RENTAL INCOME

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6537.13**

**TOTAL** This Period (last page this line number only) ..... ► **33106.56**

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

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

FOR LINE NUMBER: (check only one)

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

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

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

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

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

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

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



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

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

FOR LINE NUMBER: (check only one)

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

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) ALLEN BRANDSTATER	Transaction ID: SB21B.31430 Date of Disbursement MM / DD / YYYY 07 / 27 / 2007
	Mailing Address 2029 VERDUGO BLVD #1020	Amount of Each Disbursement this Period 1000.00
	City MONTROSE State CA Zip Code 91020	
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31439 Date of Disbursement MM / DD / YYYY 08 / 08 / 2007
	Mailing Address 2029 VERDUGO BLVD #1020	Amount of Each Disbursement this Period 1000.00
	City MONTROSE State CA Zip Code 91020	
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31428 Date of Disbursement MM / DD / YYYY 08 / 10 / 2007
	Mailing Address 2029 VERDUGO BLVD #1020	Amount of Each Disbursement this Period 2000.00
	City MONTROSE State CA Zip Code 91020	
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER: (check only one)

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

Any Information copied from such Reports and Statements and 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) ALLEN BRANDSTATER	Transaction ID: SB21B.31438 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2007"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31437 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31447 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT	<input type="text" value="500.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

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

1750.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

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

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

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

2750.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER</p> <p>Mailing Address 2029 VERDUGO BLVD #1020</p> <p>City MONTROSE State CA Zip Code 91020</p> <p>Purpose of Disbursement CONSULTING - POLITICAL &amp; MANAGEMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B.31432</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="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER</p> <p>Mailing Address 2029 VERDUGO BLVD #1020</p> <p>City MONTROSE State CA Zip Code 91020</p> <p>Purpose of Disbursement CONSULTING - POLITICAL &amp; MANAGEMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B.31451</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER</p> <p>Mailing Address 2029 VERDUGO BLVD #1020</p> <p>City MONTROSE State CA Zip Code 91020</p> <p>Purpose of Disbursement CONSULTING - POLITICAL &amp; MANAGEMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B.31452</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER</p> <p>Mailing Address 2029 VERDUGO BLVD #1020</p> <p>City MONTROSE State CA Zip Code 91020</p> <p>Purpose of Disbursement CONSULTING - POLITICAL &amp; MANAGEMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31431</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.45204</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3001.27"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.45205</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8418.28"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.45206 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="08"/> <input type="text" value="06"/> / <input type="text" value="2007"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	<input type="text" value="5195.99"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.45207 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="08"/> <input type="text" value="13"/> / <input type="text" value="2007"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	<input type="text" value="5000.00"/>
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) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.45208 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="08"/> <input type="text" value="20"/> / <input type="text" value="2007"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	<input type="text" value="4625.46"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="14821.45"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER:  
(check only one)

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

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) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.45209 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="10"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="5010.57"/>
	Candidate Name	<input type="text" value="003"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.45210 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="2409.85"/>
	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) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.45211 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="10"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="1017.24"/>
	Candidate Name	<input type="text" value="003"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8437.66"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.45212 Date of Disbursement																			
	Mailing Address 1420 SPRING HILL RD STE 490	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>7</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	2	/	2	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	2	/	2	0	7	7												
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<table border="1"><tr><td>981.72</td></tr></table>	981.72																		
981.72																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.45213 Date of Disbursement																			
	Mailing Address 1420 SPRING HILL RD STE 490	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>7</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	3	/	2	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	0	3	/	2	0	7	7												
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<table border="1"><tr><td>906.08</td></tr></table>	906.08																		
906.08																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) CATTERTON PRINTING INC	Transaction ID: SB21B.45215 Date of Disbursement																			
	Mailing Address 100 POST OFFICE ROAD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>7</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	1	6	/	2	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7	/	1	6	/	2	0	7	7												
	City WALDORF State MD Zip Code 20602	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<table border="1"><tr><td>3270.99</td></tr></table>	3270.99																		
3270.99																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

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

5158.79
---------

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

--

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

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

FOR LINE NUMBER: (check only one)

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) CATTERTON PRINTING INC <hr/> Mailing Address 100 POST OFFICE ROAD <hr/> City WALDORF State MD Zip Code 20602 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">003</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.45216 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      1 1 / 1 6 / 2 0 0 7                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">9520.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) CATTERTON PRINTING INC <hr/> Mailing Address 100 POST OFFICE ROAD <hr/> City WALDORF State MD Zip Code 20602 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">003</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.45218 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      1 2 / 1 7 / 2 0 0 7                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">5899.60</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) COLORTREE INC OF VIRGINIA <hr/> Mailing Address 2519 BRITTONS HILL RD <hr/> City RICHMOND State VA Zip Code 23230 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">003</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.45222 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      1 1 / 1 2 / 2 0 0 7                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1297.80</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 2px;">16717.40</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

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

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) ELECTRONIC REPORTING SYSTEMS INC	Transaction ID: SB21B.31468 Date of Disbursement
	Mailing Address 1155 - 15TH ST NW SUITE 614	<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement ELECTRONIC DISCLOSURE REPORTING Candidate Name	<input type="text" value="1500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) GLENDALE PRINTING CENTER	Transaction ID: SB21B.31477 Date of Disbursement
	Mailing Address 640 W BROADWAY	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City GLENDALE State CA Zip Code 91204	Amount of Each Disbursement this Period
	Purpose of Disbursement PRINTING & COPIES Candidate Name	<input type="text" value="216.50"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2149.50"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 78 / 101

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

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

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

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

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

C.	Full Name (Last, First, Middle Initial) LEWITT HACKMAN	Transaction ID: SB21B.31488
	Mailing Address 16633 VENTURA BLVD.	Date of Disbursement MM / DD / YYYY 11 / 07 / 2007
	City ENCINO State CA Zip Code 91436	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement LEGAL FEES	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9602.91
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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) MDI IMAGING & MAIL	Transaction ID: SB21B.45231 Date of Disbursement
	Mailing Address 21721-A FILIGREE CT	<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2007"/>
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="989.34"/>
	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) MDI IMAGING & MAIL	Transaction ID: SB21B.45232 Date of Disbursement
	Mailing Address 21721-A FILIGREE CT	<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2007"/>
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="3850.00"/>
	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) MDI IMAGING & MAIL	Transaction ID: SB21B.45233 Date of Disbursement
	Mailing Address 21721-A FILIGREE CT	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="7973.00"/>
	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

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) MDI IMAGING & MAIL	Transaction ID: SB21B.45234 Date of Disbursement
	Mailing Address 21721-A FILIGREE CT	<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="686.00"/>
	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) MDI IMAGING & MAIL	Transaction ID: SB21B.45235 Date of Disbursement
	Mailing Address 21721-A FILIGREE CT	<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="2564.01"/>
	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) MDI IMAGING & MAIL	Transaction ID: SB21B.45236 Date of Disbursement
	Mailing Address 21721-A FILIGREE CT	<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2007"/>
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="3992.90"/>
	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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) MDI IMAGING &amp; MAIL</p> <p>Mailing Address 21721-A FILIGREE CT</p> <p>City ASHBURN State VA Zip Code 20147</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">003</span> 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><b>Transaction ID:</b> SB21B.45237 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">M M</td> <td style="width: 25%;">D D</td> <td style="width: 25%;">Y Y</td> <td style="width: 25%;">Y Y</td> </tr> <tr> <td>1 2</td> <td>2 8</td> <td>2 0</td> <td>0 7</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <div style="border: 1px solid black; padding: 5px; text-align: center;">2524.88</div> </p>	M M	D D	Y Y	Y Y	1 2	2 8	2 0	0 7
M M	D D	Y Y	Y Y						
1 2	2 8	2 0	0 7						
<p><b>B.</b> Full Name (Last, First, Middle Initial) OFFICE DEPOT</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement OFFICE SUPPLIES Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">001</span> 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><b>Transaction ID:</b> SB21B.31490 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">M M</td> <td style="width: 25%;">D D</td> <td style="width: 25%;">Y Y</td> <td style="width: 25%;">Y Y</td> </tr> <tr> <td>0 8</td> <td>3 1</td> <td>2 0</td> <td>0 7</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <div style="border: 1px solid black; padding: 5px; text-align: center;">61.67</div> </p>	M M	D D	Y Y	Y Y	0 8	3 1	2 0	0 7
M M	D D	Y Y	Y Y						
0 8	3 1	2 0	0 7						
<p><b>C.</b> Full Name (Last, First, Middle Initial) OFFICE DEPOT</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement OFFICE SUPPLIES Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">001</span> 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><b>Transaction ID:</b> SB21B.31491 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">M M</td> <td style="width: 25%;">D D</td> <td style="width: 25%;">Y Y</td> <td style="width: 25%;">Y Y</td> </tr> <tr> <td>1 1</td> <td>0 7</td> <td>2 0</td> <td>0 7</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <div style="border: 1px solid black; padding: 5px; text-align: center;">120.50</div> </p>	M M	D D	Y Y	Y Y	1 1	0 7	2 0	0 7
M M	D D	Y Y	Y Y						
1 1	0 7	2 0	0 7						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 5px;">2707.05</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

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

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

FOR LINE NUMBER: (check only one)

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

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) OFFICE DEPOT Mailing Address City State Zip Code Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.31492 Date of Disbursement 12 / 17 / 2007
	Amount of Each Disbursement this Period 260.20
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>B.</b> Full Name (Last, First, Middle Initial) BRANDON POWERS Mailing Address 2029 VERDUGO BLVD #1020 City State Zip Code MONTROSE CA 91020 Purpose of Disbursement WEBSITE DEVELOPMENT 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.31455 Date of Disbursement 12 / 13 / 2007
	Amount of Each Disbursement this Period 500.00
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>C.</b> Full Name (Last, First, Middle Initial) RST MARKETING Mailing Address 1272 CORPORATE PARK RD City State Zip Code FOREST VA 24551 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.45239 Date of Disbursement 07 / 02 / 2007
	Amount of Each Disbursement this Period 548.45
	Category/Type 003
	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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1308.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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

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

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

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

C.	Full Name (Last, First, Middle Initial) RST MARKETING	Transaction ID: SB21B.45242 Date of Disbursement
	Mailing Address 1272 CORPORATE PARK RD	<input type="text" value="11"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City FOREST State VA Zip Code 24551	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="5356.23"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="29014.77"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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) SPORTSMAN LODGE HOTEL	Transaction ID: SB21B.31501 Date of Disbursement																			
	Mailing Address 12833 VENTURA BLVD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	3	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	3	/	2	0	0	7												
	City STUDIO CITY State CA Zip Code 91604	Amount of Each Disbursement this Period																			
	Purpose of Disbursement ACCOMODATIONS & LODGING	<table border="1"><tr><td>862.98</td></tr></table>	862.98																		
862.98																					
	Candidate Name	<table border="1"><tr><td>002</td></tr></table> Category/Type	002																		
002																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) SPORTSMAN LODGE HOTEL	Transaction ID: SB21B.31503 Date of Disbursement																			
	Mailing Address 12833 VENTURA BLVD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	3	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	3	/	2	0	0	7												
	City STUDIO CITY State CA Zip Code 91604	Amount of Each Disbursement this Period																			
	Purpose of Disbursement ACCOMODATIONS & LODGING	<table border="1"><tr><td>223.71</td></tr></table>	223.71																		
223.71																					
	Candidate Name	<table border="1"><tr><td>002</td></tr></table> Category/Type	002																		
002																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) SPORTSMAN LODGE HOTEL	Transaction ID: SB21B.31505 Date of Disbursement																			
	Mailing Address 12833 VENTURA BLVD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	3	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	3	/	2	0	0	7												
	City STUDIO CITY State CA Zip Code 91604	Amount of Each Disbursement this Period																			
	Purpose of Disbursement ACCOMODATIONS & LODGING	<table border="1"><tr><td>206.53</td></tr></table>	206.53																		
206.53																					
	Candidate Name	<table border="1"><tr><td>002</td></tr></table> Category/Type	002																		
002																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1293.22</td></tr></table>	1293.22
1293.22		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) SPORTSMAN LODGE HOTEL <hr/> Mailing Address 12833 VENTURA BLVD <hr/> City STUDIO CITY State CA Zip Code 91604 <hr/> Purpose of Disbursement ACCOMODATIONS & LODGING 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.31506 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 7
	Amount of Each Disbursement this Period 23.00
	Category/Type 002
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) SPRINT PCS <hr/> Mailing Address <hr/> City GLENDALE State CA Zip Code <hr/> Purpose of Disbursement PHONE SERVICE 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.31509 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
	Amount of Each Disbursement this Period 120.75
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) TIME WARNER CABLE <hr/> Mailing Address <hr/> City GLENDALE State CA Zip Code <hr/> Purpose of Disbursement MEDIA - FUNDRAISING 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.31510 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 7
	Amount of Each Disbursement this Period 3201.10
	Category/Type 004
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3344.85

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

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

B.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.31513 Date of Disbursement 07 / 23 / 2007
	Mailing Address 2029 VERDUGO BLVD	Amount of Each Disbursement this Period 23.84
	City: MONTROSE State: CA Zip Code 91020	
	Purpose of Disbursement: SHIPPING Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.31514 Date of Disbursement 08 / 13 / 2007
	Mailing Address 2029 VERDUGO BLVD	Amount of Each Disbursement this Period 33.25
	City: MONTROSE State: CA Zip Code 91020	
	Purpose of Disbursement: SHIPPING Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3066.09

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.31515
	Mailing Address 2029 VERDUGO BLVD	Date of Disbursement MM / DD / YYYY 11 / 08 / 2007
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period 18.28
	Purpose of Disbursement SHIPPING Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.31516
	Mailing Address 2029 VERDUGO BLVD	Date of Disbursement MM / DD / YYYY 11 / 26 / 2007
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period 50.44
	Purpose of Disbursement SHIPPING Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) US POSTMASTER	Transaction ID: SB21B.31517
	Mailing Address 2100 MONTROSE AVE	Date of Disbursement MM / DD / YYYY 07 / 27 / 2007
	City MONTROSE State CA Zip Code 91204	Amount of Each Disbursement this Period 92.00
	Purpose of Disbursement POSTAGE Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	160.72
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) US POSTMASTER	Transaction ID: SB21B.45243 Date of Disbursement
	Mailing Address 2100 MONTROSE AVE	<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>
	City MONTROSE State CA Zip Code 91204	Amount of Each Disbursement this Period
	Purpose of Disbursement POSTAGE Candidate Name	<input type="text" value="2000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) US POSTMASTER	Transaction ID: SB21B.45244 Date of Disbursement
	Mailing Address 2100 MONTROSE AVE	<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City MONTROSE State CA Zip Code 91204	Amount of Each Disbursement this Period
	Purpose of Disbursement POSTAGE Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) US POSTMASTER	Transaction ID: SB21B.45245 Date of Disbursement
	Mailing Address 2100 MONTROSE AVE	<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
	City MONTROSE State CA Zip Code 91204	Amount of Each Disbursement this Period
	Purpose of Disbursement POSTAGE Candidate Name	<input type="text" value="2000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER:  
(check only one)

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

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) US POSTMASTER	Transaction ID: SB21B.45246 Date of Disbursement																			
	Mailing Address 2100 MONTROSE AVE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	0	7												
	City MONTROSE State CA Zip Code 91204	Amount of Each Disbursement this Period																			
	Purpose of Disbursement POSTAGE	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) US POSTMASTER	Transaction ID: SB21B.45247 Date of Disbursement																			
	Mailing Address 2100 MONTROSE AVE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	1		2	0	0	7												
	City MONTROSE State CA Zip Code 91204	Amount of Each Disbursement this Period																			
	Purpose of Disbursement POSTAGE	<table border="1"><tr><td>175.00</td></tr></table>	175.00																		
175.00																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) US STORAGE CENTERS	Transaction ID: SB21B.31518 Date of Disbursement																			
	Mailing Address 4454 LOWELL AVE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	9		2	0	0	7												
	City LA CRESCENTA State CA Zip Code 91214	Amount of Each Disbursement this Period																			
	Purpose of Disbursement STORAGE FEES	<table border="1"><tr><td>135.20</td></tr></table>	135.20																		
135.20																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>2310.20</td></tr></table>	2310.20
2310.20		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

PAGE 90 / 101

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

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

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

A.	Full Name (Last, First, Middle Initial) US STORAGE CENTERS	Transaction ID: SB21B.31519
	Mailing Address 4454 LOWELL AVE	Date of Disbursement 08 / 27 / 2007
	City LA CRESCENTA State CA Zip Code 91214	Amount of Each Disbursement this Period 355.05
	Purpose of Disbursement STORAGE 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) US STORAGE CENTERS	Transaction ID: SB21B.31520
	Mailing Address 4454 LOWELL AVE	Date of Disbursement 10 / 19 / 2007
	City LA CRESCENTA State CA Zip Code 91214	Amount of Each Disbursement this Period 221.85
	Purpose of Disbursement STORAGE Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	943.09
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) WACO TRIBUNE</p> <p>Mailing Address</p> <p>City: WACO State: TX Zip Code</p> <p>Purpose of Disbursement PRINT AD - FREE THE BORDER AGENTS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31526</p> <p>Date of Disbursement 08 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 1451.21</p> <p>Category/Type 004</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) WELLS FARGO BANK</p> <p>Mailing Address PO BOX 5247</p> <p>City: DENVER State: CO Zip Code 80274</p> <p>Purpose of Disbursement CHECK ORDER CHARGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31530</p> <p>Date of Disbursement 09 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 70.69</p> <p>Category/Type 001</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) WELLS FARGO BANK</p> <p>Mailing Address PO BOX 5247</p> <p>City: DENVER State: CO Zip Code 80274</p> <p>Purpose of Disbursement BANK SERVICE CHARGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.31531</p> <p>Date of Disbursement 09 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 2.50</p> <p>Category/Type 001</p>

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

1524.40

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

177208.55

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

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

FOR LINE NUMBER: (check only one)

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

Any Information copied from such Reports and Statements and 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) ALLEN BRANDSTATER	Transaction ID: SB26.31440 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="07"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement LOAN REPAYMENT	<input type="text" value="833.00"/>
	Candidate Name	<input type="text" value="009"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB26.31441 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="08"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement LOAN REPAYMENT	<input type="text" value="833.00"/>
	Candidate Name	<input type="text" value="009"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB26.31442 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="10"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement LOAN REPAYMENT	<input type="text" value="833.00"/>
	Candidate Name	<input type="text" value="009"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2499.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 93 / 101

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

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) ALLEN BRANDSTATER		Transaction ID: SB26.31443	
	Mailing Address 2029 VERDUGO BLVD #1020		Date of Disbursement 11 / 19 / 2007	
City MONTROSE		State CA	Zip Code 91020	
Purpose of Disbursement LOAN REPAYMENT			Amount of Each Disbursement this Period 833.00	
Candidate Name			009 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	833.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3332.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 94 / 101

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

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

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

A.

Full Name (Last, First, Middle Initial)  
US TREASURY

Transaction ID: SB29.31522

Date of Disbursement

Mailing Address 15TH & PENNSYLVANIA AVE NW

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

City WASHINGTON State DC Zip Code 20004

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
CONCILIATION AGREEMENT

001
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

5000.00
---------

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

5000.00
---------

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 95 / 101 FOR LINE 13 OF FORM 3X
---	---

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

Transaction ID: SC/10.31059

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

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>4</td></tr> </table>	M	M	0	4	<table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>0</td><td>4</td></tr> </table>	D	D	0	4	<table style="font-size: small;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table> UPON DEMAND	Y	Y	Y	Y	2	0	0	7	0 % (apr)
M	M																		
0	4																		
D	D																		
0	4																		
Y	Y	Y	Y																
2	0	0	7																
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="835.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value="835.00"/>

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

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

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

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

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

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

<b>1) SUBTOTALS</b> This Period This Page (optional).....	31540.17
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	



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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID:</b> SD10.45220	
Amount Incurred This Period 8510.78	Payment This Period 1297.80	Outstanding Balance at Close of This Period 7212.98	

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

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

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

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

<b>1) SUBTOTALS</b> This Period This Page (optional).....	23389.28
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 98 / 101
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period 14434.82	<b>Transaction ID:</b> SD10.31126	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 14434.82

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

Outstanding Balance Beginning This Period 5382.80	<b>Transaction ID:</b> SD10.31127	
Amount Incurred This Period 0.00	Payment This Period 1500.00	Outstanding Balance at Close of This Period 3882.80

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	20902.62
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

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

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

Outstanding Balance Beginning This Period <input type="text" value="3113.25"/>		<b>Transaction ID: SD10.31129</b>	
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="3113.25"/>	

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

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

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="21876.65"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period 8561.15	<b>Transaction ID:</b> SD10.31130	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8561.15

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

Outstanding Balance Beginning This Period 9575.02	<b>Transaction ID:</b> SD10.31296	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9575.02

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	20979.57
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>21426.91</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	<b>140115.20</b>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<b>835.00</b>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<b>140950.20</b>