

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2006 through 09 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer Electronically Filed by SCOTT B MACKENZIE Date 05 28 2008

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

Office Use Only FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		12057.23
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	47945.99									
(c) Total Receipts (from Line 19)	234381.30	631682.38								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	282327.29	643739.61								
7. Total Disbursements (from Line 31)	265660.52	627072.84								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16666.77	16666.77								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	191632.68									

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	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	31393.00	55967.00
(i) Itemized (use Schedule A)	201552.42	574279.50
(ii) Unitemized	232945.42	630246.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	232945.42	630246.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1435.88	1435.88
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	234381.30	631682.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	234381.30	631682.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	264525.52	623837.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	264525.52	623837.84
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.....	200.00	2300.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	25.00	25.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	25.00	25.00
29. Other Disbursements.....	910.00	910.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	265660.52	627072.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	265660.52	627072.84

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)	232945.42	630246.50
34. Total Contribution Refunds (from Line 28(d))	25.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	232920.42	630221.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	264525.52	623837.84
37. Offsets to Operating Expenditures (from Line 15, page 3)	1435.88	1435.88
38. Net Operating Expenditures (subtract Line 37 from Line 36)	263089.64	622401.96

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 157
(check only one)

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

Mailing Address 8132 TOWNSHIP RD 94

City FINDLAY State OH Zip Code 45840

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

Name of Employer SELF EMPLOYED Occupation CONTRACTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt: 07 / 03 / 2006
Transaction ID: SA11AI.40948
 Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
MR DON ALEXANDER

Mailing Address 8132 TOWNSHIP RD 94

City FINDLAY State OH Zip Code 45840

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

Name of Employer SELF EMPLOYED Occupation CONTRACTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 236.00

Date of Receipt: 07 / 17 / 2006
Transaction ID: SA11AI.44825
 Amount of Each Receipt this Period: 35.00

C. Full Name (Last, First, Middle Initial)
MR DON ALEXANDER

Mailing Address 8132 TOWNSHIP RD 94

City FINDLAY State OH Zip Code 45840

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

Name of Employer SELF EMPLOYED Occupation CONTRACTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt: 09 / 12 / 2006
Transaction ID: SA11AI.51606
 Amount of Each Receipt this Period: 40.00

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 7 / 157

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
HOPE M ANDERSON

Mailing Address 125 PUTNAM AVE APT 430

City State Zip Code
HAMDEN CT 06517

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
248.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 01 / 2006

Transaction ID: SA11AI.51364

Amount of Each Receipt this Period

71.00

B.

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

Mailing Address 256 WEYBRIDGE ST

City State Zip Code
MIDDLEBURY VT 05753

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 2006

Transaction ID: SA11AI.50108

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)
DR ALLAN BARKER

Mailing Address 10 LEDGEWOOD PL

City State Zip Code
BELMONT MA 02478

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

Name of Employer Occupation
DOCTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2006

Transaction ID: SA11AI.47675

Amount of Each Receipt this Period

140.00

SUBTOTAL of Receipts This Page (optional)

246.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 157
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
COL CHARLES E BARTELS

Mailing Address 2450 COLONEL FORD DR

City State Zip Code
LAKELAND FL 33813

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

Name of Employer Occupation
US MILITARY OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **08 / 01 / 2006**

Transaction ID: SA11AI.48493

Amount of Each Receipt this Period **20.00**

B. Full Name (Last, First, Middle Initial)
MR L F BEDWELL

Mailing Address 1321 EDGEWOOD DR

City State Zip Code
WELLINGTON KS 67152

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **08 / 28 / 2006**

Transaction ID: SA11AI.50779

Amount of Each Receipt this Period **100.00**

C. Full Name (Last, First, Middle Initial)
MR L F BEDWELL

Mailing Address 1321 EDGEWOOD DR

City State Zip Code
WELLINGTON KS 67152

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **09 / 05 / 2006**

Transaction ID: SA11AI.51510

Amount of Each Receipt this Period **125.00**

SUBTOTAL of Receipts This Page (optional) ► **245.00**

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 / 157
(check only one)

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

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

A.

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

Mailing Address 2298 LEISURE WORLD

City MESA State AZ Zip Code 85206

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
MM / DD / YYYY
09 / 12 / 2006

Transaction ID: SA11AI.52229

Amount of Each Receipt this Period
138.00

B.

Full Name (Last, First, Middle Initial)
MARY R BELL

Mailing Address 52 VIA DEL SOL

City SOLVANG State CA Zip Code 93463

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 ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2006

Transaction ID: SA11AI.47857

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MARY R BELL

Mailing Address 52 VIA DEL SOL

City SOLVANG State CA Zip Code 93463

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2006

Transaction ID: SA11AI.48414

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► 198.00

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 10 / 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MARY R BELL		Date of Receipt
	Mailing Address 52 VIA DEL SOL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SOLVANG	CA	93463
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.50558
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"/> 25.00
		<input type="text"/> 270.00	

B.	Full Name (Last, First, Middle Initial) MARY R BELL		Date of Receipt
	Mailing Address 52 VIA DEL SOL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SOLVANG	CA	93463
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.51499
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"/> 50.00
		<input type="text"/> 320.00	

C.	Full Name (Last, First, Middle Initial) MARY R BELL		Date of Receipt
	Mailing Address 52 VIA DEL SOL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SOLVANG	CA	93463
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.51627
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"/> 35.00
		<input type="text"/> 355.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 110.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 11 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR GEORGE L BENESCH
Mailing Address P O BOX 101558

City ANCHORAGE State AK Zip Code 99510

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 886.00

Date of Receipt: 07 / 20 / 2006
Transaction ID: SA11AI.46456
 Amount of Each Receipt this Period: 35.00

B. Full Name (Last, First, Middle Initial)
MR GEORGE L BENESCH
Mailing Address P O BOX 101558

City ANCHORAGE State AK Zip Code 99510

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 986.00

Date of Receipt: 08 / 25 / 2006
Transaction ID: SA11AI.50643
 Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
MR GEORGE L BENESCH
Mailing Address P O BOX 101558

City ANCHORAGE State AK Zip Code 99510

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1036.00

Date of Receipt: 09 / 25 / 2006
Transaction ID: SA11AI.53218
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 185.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS THOMAS BENTLEY

Mailing Address 7131 S E BUNKER HILL CT

City HOBE SOUND State FL Zip Code 33455

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 Y
 0 8 / 2 1 / 2 0 0 6

Transaction ID: SA11AI.50111

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MRS THOMAS BENTLEY

Mailing Address 7131 S E BUNKER HILL CT

City HOBE SOUND State FL Zip Code 33455

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
 0 9 / 0 5 / 2 0 0 6

Transaction ID: SA11AI.51476

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MRS THOMAS BENTLEY

Mailing Address 7131 S E BUNKER HILL CT

City HOBE SOUND State FL Zip Code 33455

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

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

Transaction ID: SA11AI.51613

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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 / 157

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MRS THOMAS BENTLEY

Mailing Address 7131 S E BUNKER HILL CT

City State Zip Code
HOBE SOUND FL 33455

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	6

Transaction ID: SA11AI.53091

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)
MR WILFERD BERKS

Mailing Address 962 S W 900TH RD

City State Zip Code
MONTROSE MO 64770

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

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

Transaction ID: SA11AI.50562

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)
MISS DOROTHY M BERRY

Mailing Address 29 MEGQUIER HILL RD

City State Zip Code
POLAND ME 04274

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	0	6

Transaction ID: SA11AI.41749

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional) ▶

75.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MISS DOROTHY M BERRY

Mailing Address 29 MEGQUIER HILL RD

City POLAND State ME Zip Code 04274

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 271.00

Date of Receipt: 07 / 24 / 2006
Transaction ID: SA11AI.46671
 Amount of Each Receipt this Period: 70.00

B. Full Name (Last, First, Middle Initial)
MISS DOROTHY M BERRY

Mailing Address 29 MEGQUIER HILL RD

City POLAND State ME Zip Code 04274

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 306.00

Date of Receipt: 08 / 07 / 2006
Transaction ID: SA11AI.46949
 Amount of Each Receipt this Period: 35.00

C. Full Name (Last, First, Middle Initial)
MISS DOROTHY M BERRY

Mailing Address 29 MEGQUIER HILL RD

City POLAND State ME Zip Code 04274

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 331.00

Date of Receipt: 08 / 25 / 2006
Transaction ID: SA11AI.50631
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 130.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 157
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MISS DOROTHY M BERRY

Mailing Address 29 MEGQUIER HILL RD

City POLAND State ME Zip Code 04274

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 366.00

Date of Receipt: 09 / 11 / 2006
Transaction ID: SA11AI.52085
Amount of Each Receipt this Period: 35.00

B. Full Name (Last, First, Middle Initial)
MR WILLIAM BEYER

Mailing Address 6309 BURNHAM CIR
APT 203

City INVER GROVE HEIGHT State MN Zip Code 55076

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 08 / 07 / 2006
Transaction ID: SA11AI.49401
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
MR WILLIAM BEYER

Mailing Address 6309 BURNHAM CIR
APT 203

City INVER GROVE HEIGHT State MN Zip Code 55076

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt: 09 / 12 / 2006
Transaction ID: SA11AI.52170
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 185.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 157

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR ERVIN BICKLEY

Mailing Address 2749 WULFERT RD

City State Zip Code
SANIBEL FL 33957

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

Name of Employer Occupation
N/A RETIRED

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

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 0 6

Transaction ID: SA11AI.53607

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
MRS MARY E BISSETTE

Mailing Address 2542 VIRGINIA RD

City State Zip Code
EDENTON NC 27932

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 254.00

Date of Receipt

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

Transaction ID: SA11AI.50758

Amount of Each Receipt this Period

115.00

C.

Full Name (Last, First, Middle Initial)
MRS ELYSE BLISS

Mailing Address 40738 POURDE CANYON HWY

City State Zip Code
BELLVUE CO 80512

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

Name of Employer Occupation
KINIKINIK RANCH RANCHER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 224.00

Date of Receipt

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

Transaction ID: SA11AI.42909

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) ▶

240.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS ELYSE BLISS

Mailing Address 40738 POURDE CANYON HWY

City State Zip Code
BELLVUE CO 80512

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

Name of Employer Occupation
KINIKINIK RANCH RANCHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2006

Transaction ID: SA11AI.44846

Amount of Each Receipt this Period
38.00

B. Full Name (Last, First, Middle Initial)
MS RUTH BOIVIE

Mailing Address 8 SENECCA DR

City State Zip Code
MASSAPEQUA NY 11758

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 ▼ 211.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2006

Transaction ID: SA11AI.50463

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MRS JAMES BOND

Mailing Address 18900 COUNTY ROAD 214

City State Zip Code
BROOKESMITH TX 76827

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 211.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2006

Transaction ID: SA11AI.46400

Amount of Each Receipt this Period
53.00

SUBTOTAL of Receipts This Page (optional) ► 116.00

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 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS JAMES BOND

Mailing Address 18900 COUNTY ROAD 214

City State Zip Code
BROOKESMITH TX 76827

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2006

Transaction ID: SA11AI.50623

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
MRS JAMES BOND

Mailing Address 18900 COUNTY ROAD 214

City State Zip Code
BROOKESMITH TX 76827

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 281.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2006

Transaction ID: SA11AI.52710

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT C BOYER

Mailing Address 3830 OAKRIDGE DR

City State Zip Code
BEAVERTON MI 48612

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
09 / 05 / 2006

Transaction ID: SA11AI.51500

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 157

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR ROBERT C BOYER

Mailing Address 3830 OAKRIDGE DR

City	State	Zip Code
BEAVERTON	MI	48612

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

Name of Employer Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.53128

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MR EUGENE L BOYKIN

Mailing Address 3165 FM 256 N

City	State	Zip Code
WOODVILLE	TX	75979

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

Name of Employer Occupation
NONE RETIRED

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 6

Transaction ID: SA11AI.51691

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)
MR THOMAS BRIGGS

Mailing Address 11220 LA SERNA DR

City	State	Zip Code
WHITTIER	CA	90604

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

Name of Employer Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11AI.46672

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) ▶

475.00

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 / 157
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MR JOHN L BROUILLARD

Mailing Address 374 STILSON CANYON RD

City State Zip Code
CHICO CA 95928

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2006

Transaction ID: SA11AI.44874

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR JOHN L BROUILLARD

Mailing Address 374 STILSON CANYON RD

City State Zip Code
CHICO CA 95928

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2006

Transaction ID: SA11AI.51172

Amount of Each Receipt this Period
50.00

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

Mailing Address 2309 WESTMINSTER AVE

City State Zip Code
COSTA MESA CA 92627

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 226.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2006

Transaction ID: SA11AI.47909

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 157

(check only one)

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

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

A.

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

Mailing Address 2309 WESTMINSTER AVE

City State Zip Code
COSTA MESA CA 92627

FEC ID number of contributing federal political committee. C

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 236.00

Date of Receipt 09 / 12 / 2006

Transaction ID: SA11AI.52222

Amount of Each Receipt this Period 10.00

B.

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

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 NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt 07 / 14 / 2006

Transaction ID: SA11AI.44456

Amount of Each Receipt this Period 70.00

C.

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

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 NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 24 / 2006

Transaction ID: SA11AI.50568

Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional) 115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 157
(check only one)

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

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

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

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 NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 323.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2006

Transaction ID: SA11AI.51742

Amount of Each Receipt this Period
53.00

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

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 NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 393.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2006

Transaction ID: SA11AI.52981

Amount of Each Receipt this Period
70.00

C. Full Name (Last, First, Middle Initial)
FUMIE BRYCE

Mailing Address 332 THUNDERBIRD CT SE

City State Zip Code
LACEY WA 98503

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 12 / 2006

Transaction ID: SA11AI.43881

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **373.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) DR ROBERT BUCHANAN		Date of Receipt MM / DD / YYYY 09 / 20 / 2006		
	Mailing Address 4751 EAGLERIDGE CIR #108		Transaction ID: SA11AI.52837		
	City PUEBLO	State CO	Zip Code 81008	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation DOCTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 310.00			

B.	Full Name (Last, First, Middle Initial) MR MAX BUCHMILLER		Date of Receipt MM / DD / YYYY 08 / 29 / 2006		
	Mailing Address 8954 CHERRY AVE		Transaction ID: SA11AI.51088		
	City ORANGEVALE	State CA	Zip Code 95662	Amount of Each Receipt this Period 35.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NONE	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00			

C.	Full Name (Last, First, Middle Initial) MRS ANNIS BUELL		Date of Receipt MM / DD / YYYY 07 / 06 / 2006		
	Mailing Address 4617 CROOKED LN		Transaction ID: SA11AI.42030		
	City DALLAS	State TX	Zip Code 75229	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer N/A	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 345.00			

SUBTOTAL of Receipts This Page (optional)	▶	210.00
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 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS RUTH BURKE

Mailing Address 2541 STRATFORD RD

City State Zip Code
RICHMOND VA 23225

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2006

Transaction ID: SA11AI.47955

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MRS MARIE BURNSIDE

Mailing Address 30 KNOX CIR
3

City State Zip Code
EVANSTON IL 60201

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2006

Transaction ID: SA11AI.51719

Amount of Each Receipt this Period
160.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT C BURTON, SR

Mailing Address 2607 WOODALE LN

City State Zip Code
SAINT PETERS MO 63376

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

Name of Employer SELF EMPLOYED Occupation INVESTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2006

Transaction ID: SA11AI.48948

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **690.00**

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 / 157
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

MR ARTHUR BUSWELL

Mailing Address P O BOX 703

City State Zip Code
KINGFISHER OK 73750

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

Name of Employer Occupation
NONE RETIRED

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	6

Transaction ID: SA11AI.47459

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR ARTHUR BUSWELL

Mailing Address P O BOX 703

City State Zip Code
KINGFISHER OK 73750

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 226.00

Date of Receipt

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

Transaction ID: SA11AI.50107

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR ARTHUR BUSWELL

Mailing Address P O BOX 703

City State Zip Code
KINGFISHER OK 73750

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

Name of Employer Occupation
NONE RETIRED

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	0	6

Transaction ID: SA11AI.52468

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 157

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MRS BILLIE M CAMPBELL

Mailing Address 900 SEMINOLE RD

City State Zip Code
RADCLIFF KY 40160

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 204.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 12 / 2006

Transaction ID: SA11AI.52195

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)
MRS BILLIE M CAMPBELL

Mailing Address 900 SEMINOLE RD

City State Zip Code
RADCLIFF KY 40160

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

Name of Employer Occupation
N/A HOMEMAKER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 224.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 25 / 2006

Transaction ID: SA11AI.53171

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)
MR CRAIG CAMPBELL

Mailing Address 3355 MISSION AVE #111

City State Zip Code
OCEANSIDE CA 92054

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

Name of Employer Occupation
KALUA ROCKS LLC PARTNER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2006

Transaction ID: SA11AI.46355

Amount of Each Receipt this Period

150.00

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 27 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS IRENE CASSAR

Mailing Address 4650 JEWEL ST

City State Zip Code
CAPITOLA CA 95010

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
0 9 / 2 0 / 2 0 0 6

Transaction ID: SA11AI.52839

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR MOIRA CASTLE

Mailing Address 13462 MASON VILLAGE CT

City State Zip Code
SAINT LOUIS MO 63131

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
386.00

Date of Receipt
M M / D D / Y Y Y Y
0 7 / 1 4 / 2 0 0 6

Transaction ID: SA11AI.44230

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR MOIRA CASTLE

Mailing Address 13462 MASON VILLAGE CT

City State Zip Code
SAINT LOUIS MO 63131

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
421.00

Date of Receipt
M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11AI.46568

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **185.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR MOIRA CASTLE

Mailing Address 13462 MASON VILLAGE CT

City State Zip Code
SAINT LOUIS MO 63131

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 456.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2006

Transaction ID: SA11AI.50112

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
MR MOIRA CASTLE

Mailing Address 13462 MASON VILLAGE CT

City State Zip Code
SAINT LOUIS MO 63131

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 681.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2006

Transaction ID: SA11AI.51293

Amount of Each Receipt this Period
225.00

C. Full Name (Last, First, Middle Initial)
MR MOIRA CASTLE

Mailing Address 13462 MASON VILLAGE CT

City State Zip Code
SAINT LOUIS MO 63131

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 731.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2006

Transaction ID: SA11AI.52053

Amount of Each Receipt this Period
50.00

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 29 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR MOIRA CASTLE

Mailing Address 13462 MASON VILLAGE CT

City State Zip Code
SAINT LOUIS MO 63131

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 761.00

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

Transaction ID: SA11AI.52895

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
MRS NANCY CHILDS

Mailing Address 7 CIRCLE LN

City State Zip Code
ALBANY NY 12203

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 313.00

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

Transaction ID: SA11AI.44956

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MR WILLIAM CHILTON, JR

Mailing Address 3437 W 7TH ST #138

City State Zip Code
FORT WORTH TX 76107

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 584.00

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

Transaction ID: SA11AI.42021

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **280.00**

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 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR WILLIAM CHILTON, JR
Mailing Address 3437 W 7TH ST #138
City FORT WORTH State TX Zip Code 76107
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 634.00
Date of Receipt 08 / 25 / 2006
Transaction ID: SA11AI.50599
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
MR WILLIAM CHILTON, JR
Mailing Address 3437 W 7TH ST #138
City FORT WORTH State TX Zip Code 76107
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 669.00
Date of Receipt 09 / 14 / 2006
Transaction ID: SA11AI.52532
Amount of Each Receipt this Period 35.00

C. Full Name (Last, First, Middle Initial)
MR GEORGE C CLARK, JR
Mailing Address 22 GLADDING RD
City CALDWELL State NJ Zip Code 07006
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 401.00
Date of Receipt 07 / 17 / 2006
Transaction ID: SA11AI.45129
Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ► 235.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 31 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR GEORGE C CLARK, JR

Mailing Address 22 GLADDING RD

City State Zip Code
CALDWELL NJ 07006

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 501.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2006

Transaction ID: SA11AI.47609

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR GEORGE C CLARK, JR

Mailing Address 22 GLADDING RD

City State Zip Code
CALDWELL NJ 07006

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 551.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2006

Transaction ID: SA11AI.51641

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR DON CLAY

Mailing Address 6706 BRANDON LN

City State Zip Code
AMARILLO TX 79109

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
MM / DD / YYYY
07 / 20 / 2006

Transaction ID: SA11AI.46465

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 157
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MS MELVA COBB

Mailing Address 1606 CHABLIS ST

City State Zip Code
GARLAND TX 75040

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 18 / 2006

Transaction ID: SA11AI.45927

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MR EDWARD COLIN

Mailing Address 1994 GOLF VIEW LN

City State Zip Code
PRESCOTT AZ 86301

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2006

Transaction ID: SA11AI.46485

Amount of Each Receipt this Period

50.00

C.

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

Mailing Address 2796 S MAIN RD

City State Zip Code
LEBANON OR 97355

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 07 / 2006

Transaction ID: SA11AI.46935

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) ▶

120.00

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

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

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

FOR LINE NUMBER: PAGE 33 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR JIM COOMBES

Mailing Address 7031 BEACH DR S W

City State Zip Code
SEATTLE WA 98136

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

Name of Employer SELF EMPLOYED Occupation BUSINESS OWNER

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	8	/	2	0	0	6

Transaction ID: SA11AI.51960

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MRS JAMES H COUNTRYMAN

Mailing Address 1700 GRAHAM AVE

City State Zip Code
ODESSA TX 79763

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 570.00

Date of Receipt

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

Transaction ID: SA11AI.47738

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MRS JAMES H COUNTRYMAN

Mailing Address 1700 GRAHAM AVE

City State Zip Code
ODESSA TX 79763

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 620.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	0	6

Transaction ID: SA11AI.47957

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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 34 / 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MRS JAMES H COUNTRYMAN		Date of Receipt	
	Mailing Address 1700 GRAHAM AVE		M M / D D / Y Y Y Y Y 08 / 01 / 2006	
	City	State	Zip Code	Transaction ID: SA11AI.48577
	ODESSA	TX	79763	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		75.00	
Name of Employer N/A		Occupation HOMEMAKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 695.00		

B.	Full Name (Last, First, Middle Initial) MS LOIS CRANTZ		Date of Receipt	
	Mailing Address 617 TERRA CALIFORNIA		M M / D D / Y Y Y Y Y 07 / 24 / 2006	
	City	State	Zip Code	Transaction ID: SA11AI.46584
	WALNUT CREEK	CA	94595	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		142.00	
Name of Employer N/A		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 273.00		

C.	Full Name (Last, First, Middle Initial) MR CARSON CRAWFORD		Date of Receipt	
	Mailing Address 715 1ST ST		M M / D D / Y Y Y Y Y 07 / 13 / 2006	
	City	State	Zip Code	Transaction ID: SA11AI.44000
	COTTONWOOD FALLS	KS	66845	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer N/A		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 226.00		

SUBTOTAL of Receipts This Page (optional)	▶	267.00
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 / 157

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR CARSON CRAWFORD

Mailing Address 715 1ST ST

City State Zip Code
COTTONWOOD FALLS KS 66845

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 261.00

Date of Receipt

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

Transaction ID: SA11AI.50596

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)
MR CARSON CRAWFORD

Mailing Address 715 1ST ST

City State Zip Code
COTTONWOOD FALLS KS 66845

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 296.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	6

Transaction ID: SA11AI.51460

Amount of Each Receipt this Period

35.00

C.

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

Mailing Address 3554 GRANDVIEW DR

City State Zip Code
SAN ANGELO TX 76904

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 289.00

Date of Receipt

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

Transaction ID: SA11AI.43838

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional) ▶

105.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 157

(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 ILA M CRAWFORD		Date of Receipt
	Mailing Address 3554 GRANDVIEW DR		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	SAN ANGELO	TX	76904
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA11AI.48885
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="324.00"/>	<input type="text" value="35.00"/>

B.	Full Name (Last, First, Middle Initial) MRS ILA M CRAWFORD		Date of Receipt
	Mailing Address 3554 GRANDVIEW DR		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	SAN ANGELO	TX	76904
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA11AI.51305
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="359.00"/>	<input type="text" value="35.00"/>

C.	Full Name (Last, First, Middle Initial) MRS ILA M CRAWFORD		Date of Receipt
	Mailing Address 3554 GRANDVIEW DR		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	SAN ANGELO	TX	76904
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA11AI.52541
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="394.00"/>	<input type="text" value="35.00"/>

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 37 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3554 GRANDVIEW DR

City State Zip Code
SAN ANGELO TX 76904

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
465.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	0	6

Transaction ID: SA11AI.53081

Amount of Each Receipt this Period
71.00

B. Full Name (Last, First, Middle Initial)
MS JOANN CRAWFORD

Mailing Address 12271 HESTER PL

City State Zip Code
GARDEN GROVE CA 92841

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	7	/	1	7	/	2	0	0	6

Transaction ID: SA11AI.45329

Amount of Each Receipt this Period
100.00

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

Mailing Address 3405 STEWART CIR

City State Zip Code
WACO TX 76708

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
407.00

Date of Receipt

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

Transaction ID: SA11AI.49035

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **206.00**

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 38 / 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR BOYD A DAVIS	Date of Receipt MM / DD / YYYY 09 / 05 / 2006
	Mailing Address 1 MORNING DOVE	Transaction ID: SA11AI.51568
	City State Zip Code LAGUNA NIGUEL CA 92677	Amount of Each Receipt this Period 115.00
	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 ▼ 216.00	

B.	Full Name (Last, First, Middle Initial) MRS MARJORIE DAVIS	Date of Receipt MM / DD / YYYY 07 / 31 / 2006
	Mailing Address 6 HUCKLEBERRY LN	Transaction ID: SA11AI.48238
	City State Zip Code AUGUSTA ME 04330	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer NONE	Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 951.00	

C.	Full Name (Last, First, Middle Initial) MRS MARJORIE DAVIS	Date of Receipt MM / DD / YYYY 09 / 01 / 2006
	Mailing Address 6 HUCKLEBERRY LN	Transaction ID: SA11AI.51334
	City State Zip Code AUGUSTA ME 04330	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer NONE	Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1251.00	

SUBTOTAL of Receipts This Page (optional)	715.00
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 39 / 157

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MRS MARJORIE DAVIS

Mailing Address 6 HUCKLEBERRY LN

City State Zip Code
AUGUSTA ME 04330

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1551.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2006

Transaction ID: SA11AI.53661

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
MS RUTH DEFRESNE

Mailing Address 5241 UTICA ST

City State Zip Code
METAIRIE LA 70006

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

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 246.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2006

Transaction ID: SA11AI.44946

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)
MS RUTH DEFRESNE

Mailing Address 5241 UTICA ST

City State Zip Code
METAIRIE LA 70006

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

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 271.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2006

Transaction ID: SA11AI.46632

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

345.00

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 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS RUTH DEFRESNE

Mailing Address 5241 UTICA ST

City State Zip Code
METAIRIE LA 70006

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 6

Transaction ID: SA11AI.49880

Amount of Each Receipt this Period
15.00

B. Full Name (Last, First, Middle Initial)
MR GREGORY DETWILER

Mailing Address RR 2 BOX 70

City State Zip Code
WILLIAMSBURG PA 16693

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

Name of Employer Occupation
SELF EMPLOYED FREELANCE WRITER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 326.00

Date of Receipt
M M / D D / Y Y Y Y
0 7 / 0 3 / 2 0 0 6

Transaction ID: SA11AI.41025

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR GREGORY DETWILER

Mailing Address RR 2 BOX 70

City State Zip Code
WILLIAMSBURG PA 16693

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

Name of Employer Occupation
SELF EMPLOYED FREELANCE WRITER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 528.00

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

Transaction ID: SA11AI.45059

Amount of Each Receipt this Period
202.00

SUBTOTAL of Receipts This Page (optional) ► 242.00

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 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR GREGORY DETWILER

Mailing Address RR 2 BOX 70

City WILLIAMSBURG State PA Zip Code 16693

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

Name of Employer SELF EMPLOYED Occupation FREELANCE WRITER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 578.00

Date of Receipt 08 / 01 / 2006
Transaction ID: SA11AI.48459
Amount of Each Receipt this Period 50.00

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

Mailing Address 413 COVENTRY RD

City SPICEWOOD State TX Zip Code 78669

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 06 / 2006
Transaction ID: SA11AI.42058
Amount of Each Receipt this Period 100.00

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

Mailing Address 413 COVENTRY RD

City SPICEWOOD State TX Zip Code 78669

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 28 / 2006
Transaction ID: SA11AI.50856
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address R R 1 BOX 138

City State Zip Code
CHALMERS IN 47929

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2006

Transaction ID: SA11AI.42899

Amount of Each Receipt this Period
250.00

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

Mailing Address R R 1 BOX 138

City State Zip Code
CHALMERS IN 47929

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 685.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2006

Transaction ID: SA11AI.46550

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
MARDIE DOUGAN

Mailing Address 1200 E COLLEGE AVE

City State Zip Code
NORMAL IL 61761

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2006

Transaction ID: SA11AI.44271

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ▶ **435.00**

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 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR JAMES DOWNEY

Mailing Address 26000 NEWBRIDGE DR

City State Zip Code
LOS ALTOS CA 94022

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

Name of Employer Occupation
ALTOS SONOMA CORP EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2006

Transaction ID: SA11AI.51667

Amount of Each Receipt this Period
101.00

B. Full Name (Last, First, Middle Initial)
MR CHARLES W DUKE, JR

Mailing Address 1004 ROCKY CANYON RD

City State Zip Code
ARLINGTON TX 76012

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 Y
07 / 17 / 2006

Transaction ID: SA11AI.45144

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
IOLA EBENDORF

Mailing Address 120 S CLIFTON ST

City State Zip Code
BRUSH CO 80723

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 ▼ 296.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 07 / 2006

Transaction ID: SA11AI.42296

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **251.00**

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 44 / 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) IOLA EBENDORF		Date of Receipt
	Mailing Address 120 S CLIFTON ST		<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	BRUSH	CO	80723
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NONE		Occupation RETIRED	Transaction ID: SA11AI.44247
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="441.00"/>	<input type="text" value="145.00"/>

B.	Full Name (Last, First, Middle Initial) IOLA EBENDORF		Date of Receipt
	Mailing Address 120 S CLIFTON ST		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	BRUSH	CO	80723
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NONE		Occupation RETIRED	Transaction ID: SA11AI.49565
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="476.00"/>	<input type="text" value="35.00"/>

C.	Full Name (Last, First, Middle Initial) IOLA EBENDORF		Date of Receipt
	Mailing Address 120 S CLIFTON ST		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	BRUSH	CO	80723
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NONE		Occupation RETIRED	Transaction ID: SA11AI.51964
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="511.00"/>	<input type="text" value="35.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="215.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 45 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS BEATRICE ELLIS
Mailing Address P O BOX 25
City O BRIEN State TX Zip Code 79539
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 236.00
Date of Receipt 08 / 28 / 2006
Transaction ID: SA11AI.50764
Amount of Each Receipt this Period 60.00

B. Full Name (Last, First, Middle Initial)
MR DALE E ERDMAN
Mailing Address 930 S 31ST ST
City CAMP HILL State PA Zip Code 17011
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 ▼ 221.00
Date of Receipt 09 / 05 / 2006
Transaction ID: SA11AI.51702
Amount of Each Receipt this Period 115.00

C. Full Name (Last, First, Middle Initial)
MRS VELMA V EVERHART
Mailing Address 645 NEIL AVE APT 208
City COLUMBUS State OH Zip Code 43215
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 ▼ 225.00
Date of Receipt 08 / 28 / 2006
Transaction ID: SA11AI.50795
Amount of Each Receipt this Period 25.00

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 46 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR WORTH L FARRINGTON

Mailing Address 6596 E QUAKER ST

City Orchard Park State NY Zip Code 14127

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 301.00

Date of Receipt 08 / 07 / 2006
Transaction ID: SA11AI.46930
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
MR WORTH L FARRINGTON

Mailing Address 6596 E QUAKER ST

City Orchard Park State NY Zip Code 14127

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 ▼ 341.00

Date of Receipt 09 / 12 / 2006
Transaction ID: SA11AI.52171
Amount of Each Receipt this Period 40.00

C. Full Name (Last, First, Middle Initial)
MRS JOYCE FERN

Mailing Address 668 MEADOW CANYON DR

City PITTSBURG State CA Zip Code 94565

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 309.00

Date of Receipt 07 / 14 / 2006
Transaction ID: SA11AI.44262
Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ► 240.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR JAMES FINCH
Mailing Address 50 SUNFISH DR
City DEFIANC State MO Zip Code 63341
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 351.00
Date of Receipt 09 / 08 / 2006
Transaction ID: SA11AI.51974
Amount of Each Receipt this Period 115.00

B. Full Name (Last, First, Middle Initial)
MRS THERESA FIORENTINO
Mailing Address 1515 HILL DR
City LOS ANGELES State CA Zip Code 90041
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 231.00
Date of Receipt 07 / 17 / 2006
Transaction ID: SA11AI.44922
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
MRS THERESA FIORENTINO
Mailing Address 1515 HILL DR
City LOS ANGELES State CA Zip Code 90041
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 344.00
Date of Receipt 09 / 05 / 2006
Transaction ID: SA11AI.51508
Amount of Each Receipt this Period 113.00

SUBTOTAL of Receipts This Page (optional) ► 278.00
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 / 157

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MRS EDITH FLEMINGBERG

Mailing Address 805 LONDONDERRY RD

City State Zip Code
SCHENECTADY NY 12309

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 440.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2006

Transaction ID: SA11AI.46398

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)
MRS IMOGENE FRESHOUR

Mailing Address 1107 N AVENUE H

City State Zip Code
HASKELL TX 79521

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 211.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2006

Transaction ID: SA11AI.45223

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
MS MARY GARCIA

Mailing Address 9930 SCRIBNER AVE

City State Zip Code
WHITTIER CA 90605

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

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 521.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 01 / 2006

Transaction ID: SA11AI.48445

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

220.00

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 49 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 9930 SCRIBNER AVE

City State Zip Code
WHITTIER CA 90605

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
556.00

Date of Receipt

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

Transaction ID: SA11AI.50627

Amount of Each Receipt this Period
35.00

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

Mailing Address 9930 SCRIBNER AVE

City State Zip Code
WHITTIER CA 90605

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
591.00

Date of Receipt

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

Transaction ID: SA11AI.52186

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
ROBERT GARRETT

Mailing Address 5931 TURNBERRY DR

City State Zip Code
BANNING CA 92220

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	5	/	2	0	0	6

Transaction ID: SA11AI.51784

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional) ► **295.00**

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

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

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

FOR LINE NUMBER: PAGE 50 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS KATHLEEN GEHLHAAR

Mailing Address 15601 N GULF HILLS CT

City State Zip Code
SUN CITY AZ 85351

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 24 / 2006

Transaction ID: SA11AI.50550

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
MR CAMERON GLIDEWELL

Mailing Address 1227 LE GRAY AVE

City State Zip Code
LOS ANGELES CA 90042

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

Name of Employer DISNEY-ABC INC Occupation TV ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 651.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2006

Transaction ID: SA11AI.42952

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR CAMERON GLIDEWELL

Mailing Address 1227 LE GRAY AVE

City State Zip Code
LOS ANGELES CA 90042

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

Name of Employer DISNEY-ABC INC Occupation TV ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 751.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2006

Transaction ID: SA11AI.44925

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **185.00**

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

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

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

FOR LINE NUMBER: PAGE 51 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR CAMERON GLIDEWELL

Mailing Address 1227 LE GRAY AVE

City State Zip Code
LOS ANGELES CA 90042

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

Name of Employer Occupation
DISNEY-ABC INC TV ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 801.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2006

Transaction ID: SA11AI.49515

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR CAMERON GLIDEWELL

Mailing Address 1227 LE GRAY AVE

City State Zip Code
LOS ANGELES CA 90042

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

Name of Employer Occupation
DISNEY-ABC INC TV ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 851.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2006

Transaction ID: SA11AI.53134

Amount of Each Receipt this Period
50.00

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

Mailing Address 2101 N KENSINGTON WAY

City State Zip Code
HANFORD CA 93230

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 226.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2006

Transaction ID: SA11AI.52905

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► 135.00

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 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS DORIS E GREEN

Mailing Address 1415 AYLSBURY ST

City State Zip Code
SAN ANTONIO TX 78216

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 ▼ 313.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2006

Transaction ID: SA11AI.53109

Amount of Each Receipt this Period
122.00

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

Mailing Address 3193 TIFFANY LN

City State Zip Code
NAPA CA 94558

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 ▼ 351.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2006

Transaction ID: SA11AI.43010

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT GREEN

Mailing Address 3193 TIFFANY LN

City State Zip Code
NAPA CA 94558

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 ▼ 401.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 01 / 2006

Transaction ID: SA11AI.48508

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶ **222.00**

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 / 157

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MRS GERALDYN GRIFFITH

Mailing Address 10245 S W HIGHLAND DR

City State Zip Code
PORTLAND OR 97224

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2006

Transaction ID: SA11AI.53521

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)
MR FREDERICK W GUARDABASSI

Mailing Address 915 MIDDLE RIVER DR STE 721

City State Zip Code
FORT LAUDERDALE FL 33304

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 05 / 2006

Transaction ID: SA11AI.41754

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MR FREDERICK W GUARDABASSI

Mailing Address 915 MIDDLE RIVER DR STE 721

City State Zip Code
FORT LAUDERDALE FL 33304

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2006

Transaction ID: SA11AI.45054

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

475.00

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 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1941 OVERBROOKE WAY

City State Zip Code
AUSTELL GA 30106

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2006

Transaction ID: SA11AI.46412

Amount of Each Receipt this Period
100.00

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

Mailing Address 1941 OVERBROOKE WAY

City State Zip Code
AUSTELL GA 30106

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 316.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: SA11AI.47483

Amount of Each Receipt this Period
50.00

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

Mailing Address 413 W CREEK ST

City State Zip Code
FREDERICKSBURG TX 78624

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2006

Transaction ID: SA11AI.46859

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 157
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR PAUL R HAMILTON		Date of Receipt MM / DD / YYYY 08 / 29 / 2006		
	Mailing Address 413 W CREEK ST		Transaction ID: SA11AI.51118		
	City FREDERICKSBURG	State TX	Zip Code 78624	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 ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) PAUL HAMM		Date of Receipt MM / DD / YYYY 07 / 17 / 2006		
	Mailing Address 104 CHARTER OAKS CIR		Transaction ID: SA11AI.44899		
	City CARY	State NC	Zip Code 27511	Amount of Each Receipt this Period 600.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer N/A	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1371.00			

C.	Full Name (Last, First, Middle Initial) PAUL HAMM		Date of Receipt MM / DD / YYYY 08 / 21 / 2006		
	Mailing Address 104 CHARTER OAKS CIR		Transaction ID: SA11AI.50125		
	City CARY	State NC	Zip Code 27511	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer N/A	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1421.00			

SUBTOTAL of Receipts This Page (optional)	750.00
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 56 / 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MRS VIOLET HANNA		Date of Receipt	
	Mailing Address 4123 MARY ELLEN AVE		M M / D D / Y Y Y Y Y 09 / 25 / 2006	
	City	State	Zip Code	Transaction ID: SA11AI.53111
	STUDIO CITY	CA	91604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer N/A		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		

B.	Full Name (Last, First, Middle Initial) MRS BEVERLY L HATCH		Date of Receipt	
	Mailing Address 285 MADISON AVE S APT 211		M M / D D / Y Y Y Y Y 08 / 01 / 2006	
	City	State	Zip Code	Transaction ID: SA11AI.48538
	BAINBRIDGE ISLAND	WA	98110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer N/A		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

C.	Full Name (Last, First, Middle Initial) MRS BEVERLY L HATCH		Date of Receipt	
	Mailing Address 285 MADISON AVE S APT 211		M M / D D / Y Y Y Y Y 08 / 07 / 2006	
	City	State	Zip Code	Transaction ID: SA11AI.47044
	BAINBRIDGE ISLAND	WA	98110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer N/A		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional)	▶	300.00
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 / 157

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MRS BEVERLY L HATCH

Mailing Address 285 MADISON AVE S APT 211

City State Zip Code
BAINBRIDGE ISLAND WA 98110

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 14 / 2006

Transaction ID: SA11AI.52561

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
HOWARD HATFIELD

Mailing Address 327 S SUMMIT AVE

City State Zip Code
BREMERTON WA 98312

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 245.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 01 / 2006

Transaction ID: SA11AI.51300

Amount of Each Receipt this Period
79.00

C.

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

Mailing Address 2275 W LA LOMA DR

City State Zip Code
RANCHO CORDOVA CA 95670

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

Name of Employer Occupation
AG EDWARDS & SONS VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 226.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2006

Transaction ID: SA11AI.51624

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶

279.00

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 / 157
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MRS ARDELL HENKE

Mailing Address 3517 H AVE

City ANACORTES State WA Zip Code 98221

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 221.00

Date of Receipt: 09 / 19 / 2006
Transaction ID: SA11AI.52813
Amount of Each Receipt this Period: 35.00

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

Mailing Address 110 LINDEN ST #4

City PAOLI State IN Zip Code 47454

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 ▼ 236.00

Date of Receipt: 07 / 03 / 2006
Transaction ID: SA11AI.40961
Amount of Each Receipt this Period: 35.00

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

Mailing Address 110 LINDEN ST #4

City PAOLI State IN Zip Code 47454

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: 07 / 18 / 2006
Transaction ID: SA11AI.45914
Amount of Each Receipt this Period: 70.00

SUBTOTAL of Receipts This Page (optional) ► 140.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 110 LINDEN ST #4

City PAOLI State IN Zip Code 47454

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 ▼ 341.00

Date of Receipt 09 / 12 / 2006
Transaction ID: SA11AI.51612
Amount of Each Receipt this Period 35.00

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

Mailing Address 251 S OLDS BLVD APT 107F

City FAIRLESS HILLS State PA Zip Code 19030

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

Name of Employer SAMS CLUB Occupation MAINTENANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt 09 / 22 / 2006
Transaction ID: SA11AI.52964
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
MRS EMMA A HINSHAW

Mailing Address 106 SUNSHINE HILL ST #201

City SPRUCE PINE State NC Zip Code 28777

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt 07 / 14 / 2006
Transaction ID: SA11AI.44224
Amount of Each Receipt this Period 41.00

SUBTOTAL of Receipts This Page (optional) ► 101.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS WILLIE HOBSON
Mailing Address 4820 ENGLISH AVE
City INDIANAPOLIS State IN Zip Code 46201
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 ▼ 276.00
Date of Receipt 07 / 03 / 2006
Transaction ID: SA11AI.40999
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
MRS WILLIE HOBSON
Mailing Address 4820 ENGLISH AVE
City INDIANAPOLIS State IN Zip Code 46201
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 ▼ 326.00
Date of Receipt 07 / 17 / 2006
Transaction ID: SA11AI.44951
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
MR LEN HOLTZ
Mailing Address 95 HGTS LN APT 52
City FEASTERVILLE TREVO State PA Zip Code 19053
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 ▼ 225.00
Date of Receipt 07 / 17 / 2006
Transaction ID: SA11AI.45063
Amount of Each Receipt this Period 100.00

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 61 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS BEVERLY HOLZBERGER
Mailing Address 2245 248TH ST

City LOMITA State CA Zip Code 90717

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 6
Transaction ID: SA11AI.51537
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
MS BEVERLY HOLZBERGER
Mailing Address 2245 248TH ST

City LOMITA State CA Zip Code 90717

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 6
Transaction ID: SA11AI.52924
Amount of Each Receipt this Period 35.00

C. Full Name (Last, First, Middle Initial)
MR ARTHUR HUDSON
Mailing Address 120 ECHO DR

City HENDERSONVILLE State NC Zip Code 28739

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 ▼ 256.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 0 3 / 2 0 0 6
Transaction ID: SA11AI.40980
Amount of Each Receipt this Period 35.00

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 62 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR ARTHUR HUDSON

Mailing Address 120 ECHO DR

City Hendersonville State NC Zip Code 28739

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 ▼ 281.00

Date of Receipt MM / DD / YYYY 07 / 28 / 2006

Transaction ID: SA11AI.47856

Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MR ARTHUR HUDSON

Mailing Address 120 ECHO DR

City Hendersonville State NC Zip Code 28739

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 MM / DD / YYYY 08 / 07 / 2006

Transaction ID: SA11AI.46923

Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
MR ARTHUR HUDSON

Mailing Address 120 ECHO DR

City Hendersonville State NC Zip Code 28739

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 ▼ 316.00

Date of Receipt MM / DD / YYYY 09 / 22 / 2006

Transaction ID: SA11AI.52904

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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 63 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MISS MARY ANN HUEY
Mailing Address 12683 IDIO CT
City SARATOGA State CA Zip Code 95070
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 251.00
Date of Receipt 07 / 17 / 2006
Transaction ID: SA11AI.45269
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
ERVILLE HUGHES
Mailing Address 7326 N 61ST ST
City PARADISE VALLEY State AZ Zip Code 85253
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation RETIRED
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00
Date of Receipt 08 / 28 / 2006
Transaction ID: SA11AI.50890
Amount of Each Receipt this Period 75.00

C. Full Name (Last, First, Middle Initial)
MR CLARENCE A JERMYN
Mailing Address 4810 N W HWY 72 LOT 118
City ARCADIA State FL Zip Code 34266
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation RETIRED
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 217.00
Date of Receipt 08 / 01 / 2006
Transaction ID: SA11AI.48421
Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional) ► 210.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MARJORIE JONES

Mailing Address 645 LEK CLOVER CIR

City State Zip Code
PALM DESERT CA 92211

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 301.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2006

Transaction ID: SA11AI.46359

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MARJORIE JONES

Mailing Address 645 LEK CLOVER CIR

City State Zip Code
PALM DESERT CA 92211

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 ▼ 401.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2006

Transaction ID: SA11AI.51469

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR WAYNE KARRICK

Mailing Address R R 1 BOX 1832

City State Zip Code
SELIGMAN MO 65745

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

Name of Employer LONGRIDGE RANCH Occupation SELF EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2006

Transaction ID: SA11AI.49870

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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 65 / 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR WAYNE KARRICK		Date of Receipt	
	Mailing Address R R 1 BOX 1832		M M / D D / Y Y Y Y Y 09 / 22 / 2006	
	City	State	Zip Code	Transaction ID: SA11AI.52900
	SELIGMAN	MO	65745	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		225.00	
Name of Employer LONGRIDGE RANCH		Occupation SELF EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00		

B.	Full Name (Last, First, Middle Initial) FRED KERR		Date of Receipt	
	Mailing Address 5310 HIGHWAY 65		M M / D D / Y Y Y Y Y 07 / 10 / 2006	
	City	State	Zip Code	Transaction ID: SA11AI.42521
	CHILLICOTHE	MO	64601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		35.00	
Name of Employer SELF		Occupation FARMER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 331.00		

C.	Full Name (Last, First, Middle Initial) FRED KERR		Date of Receipt	
	Mailing Address 5310 HIGHWAY 65		M M / D D / Y Y Y Y Y 07 / 17 / 2006	
	City	State	Zip Code	Transaction ID: SA11AI.44881
	CHILLICOTHE	MO	64601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		101.00	
Name of Employer SELF		Occupation FARMER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 432.00		

SUBTOTAL of Receipts This Page (optional)	361.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
FRED KERR
 Mailing Address 5310 HIGHWAY 65
 City State Zip Code
 CHILLICOTHE MO 64601
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 3 1 / 2 0 0 6
Transaction ID: SA11AI.48216
 Amount of Each Receipt this Period
 35.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF FARMER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 467.00

B. Full Name (Last, First, Middle Initial)
MR JOSEPH W KERRIGAN
 Mailing Address 7807 GOVERNOR PRINTZ BLVD #216
 City State Zip Code
 CLAYMONT DE 19703
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 1 / 2 0 0 6
Transaction ID: SA11AI.50158
 Amount of Each Receipt this Period
 35.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 226.00

C. Full Name (Last, First, Middle Initial)
MR JOSEPH W KERRIGAN
 Mailing Address 7807 GOVERNOR PRINTZ BLVD #216
 City State Zip Code
 CLAYMONT DE 19703
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 2 / 2 0 0 6
Transaction ID: SA11AI.52930
 Amount of Each Receipt this Period
 25.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 251.00

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

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

A. Full Name (Last, First, Middle Initial)
MR MERRILL H KILL

Mailing Address 6623 CURTIS AVE

City OMAHA State NE Zip Code 68104

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 226.00

Date of Receipt: 07 / 14 / 2006
Transaction ID: SA11AI.44226
 Amount of Each Receipt this Period: 70.00

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

Mailing Address 1725 89TH PL N E

City CLYDE HILL State WA Zip Code 98004

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 316.00

Date of Receipt: 07 / 24 / 2006
Transaction ID: SA11AI.46623
 Amount of Each Receipt this Period: 175.00

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

Mailing Address 33 LITTLEWORTH LN

City SEA CLIFF State NY Zip Code 11579

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 226.00

Date of Receipt: 08 / 07 / 2006
Transaction ID: SA11AI.49155
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 295.00

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 68 / 157
(check only one)

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

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

A.

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

Mailing Address 33 LITTLEWORTH LN

City SEA CLIFF State NY Zip Code 11579

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt: 09 / 13 / 2006
Transaction ID: SA11AI.52469
 Amount of Each Receipt this Period: 38.00

B.

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

Mailing Address 835 LINDA DR

City CANYON LAKE State TX Zip Code 78133

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 07 / 24 / 2006
Transaction ID: SA11AI.46600
 Amount of Each Receipt this Period: 20.00

C.

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

Mailing Address 835 LINDA DR

City CANYON LAKE State TX Zip Code 78133

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt: 09 / 11 / 2006
Transaction ID: SA11AI.52071
 Amount of Each Receipt this Period: 19.00

SUBTOTAL of Receipts This Page (optional) ► 77.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 835 LINDA DR

City State Zip Code
CANYON LAKE TX 78133

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 244.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2006

Transaction ID: SA11AI.53126

Amount of Each Receipt this Period
20.00

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

Mailing Address 69 ALAMO COUNTRY CLB

City State Zip Code
ALAMO TX 78516

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

Name of Employer Occupation
DOCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2006

Transaction ID: SA11AI.51524

Amount of Each Receipt this Period
225.00

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

Mailing Address 69 ALAMO COUNTRY CLB

City State Zip Code
ALAMO TX 78516

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

Name of Employer Occupation
DOCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2006

Transaction ID: SA11AI.53145

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **345.00**

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
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FOR LINE NUMBER: PAGE 70 / 157
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

A. Full Name (Last, First, Middle Initial)
MS URSULA M KREMER

Mailing Address 4027 RODEO RD

City State Zip Code
DAVENPORT IA 52806

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 26 / 2006

Transaction ID: SA11AI.53498

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MRS JULIE LAUER-LEONARDI

Mailing Address 7831 PARK LN APT 114A

City State Zip Code
DALLAS TX 75225

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2006

Transaction ID: SA11AI.44513

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MRS RUBY LEDL

Mailing Address 615 LAUREL LAKE DR #102

City State Zip Code
COLUMBUS NC 28722

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2006

Transaction ID: SA11AI.53647

Amount of Each Receipt this Period
25.00

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 71 / 157

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MR FRANCIS P LEHAR		Date of Receipt MM / DD / YYYY 07 / 03 / 2006		
	Mailing Address P O BOX 1482		Transaction ID: SA11AI.41007		
	City MANCHESTER	State MA	Zip Code 01944	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer N/A	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 206.00			

B.	Full Name (Last, First, Middle Initial) MR FRANCIS P LEHAR		Date of Receipt MM / DD / YYYY 07 / 24 / 2006		
	Mailing Address P O BOX 1482		Transaction ID: SA11AI.46638		
	City MANCHESTER	State MA	Zip Code 01944	Amount of Each Receipt this Period 70.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer N/A	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 276.00			

C.	Full Name (Last, First, Middle Initial) MARJORIE R LONG		Date of Receipt MM / DD / YYYY 09 / 12 / 2006		
	Mailing Address 2584 THREEWOODS LN		Transaction ID: SA11AI.52212		
	City FULLERTON	State CA	Zip Code 92831	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 ▼ 271.00			

SUBTOTAL of Receipts This Page (optional) ▶

270.00

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 72 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR ROBERT H LOWELL

Mailing Address 108 BALDWIN ST
APT 408

City State Zip Code
GRANITE FALLS MN 56241

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2006

Transaction ID: SA11AI.45053

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR ROBERT H LOWELL

Mailing Address 108 BALDWIN ST
APT 408

City State Zip Code
GRANITE FALLS MN 56241

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2006

Transaction ID: SA11AI.46420

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT H LOWELL

Mailing Address 108 BALDWIN ST
APT 408

City State Zip Code
GRANITE FALLS MN 56241

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2006

Transaction ID: SA11AI.46688

Amount of Each Receipt this Period
35.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 157

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR ROBERT H LOWELL

Mailing Address 108 BALDWIN ST
APT 408

City State Zip Code
GRANITE FALLS MN 56241

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 14 / 2006

Transaction ID: SA11AI.49890

Amount of Each Receipt this Period
35.00

B.

Full Name (Last, First, Middle Initial)
MR ROBERT H LOWELL

Mailing Address 108 BALDWIN ST
APT 408

City State Zip Code
GRANITE FALLS MN 56241

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2006

Transaction ID: SA11AI.50159

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
MR ROBERT H LOWELL

Mailing Address 108 BALDWIN ST
APT 408

City State Zip Code
GRANITE FALLS MN 56241

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2006

Transaction ID: SA11AI.50309

Amount of Each Receipt this Period
35.00

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 74 / 157

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MRS GINI MALASPINA

Mailing Address 133 SHIPLEY AVE

City State Zip Code
DALY CITY CA 94015

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 ▼ 251.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2006

Transaction ID: SA11AI.47685

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
MR PHILIP MALONEY

Mailing Address P O BOX 5933

City State Zip Code
CAREFREE AZ 85377

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 07 / 2006

Transaction ID: SA11AI.46902

Amount of Each Receipt this Period
30.00

C.

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

Mailing Address P O BOX 773

City State Zip Code
YOAKUM TX 77995

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 235.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: SA11AI.52099

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶

180.00

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 75 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 25365 AVENIDA RONADA

City VALENCIA State CA Zip Code 91355

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

Name of Employer NONE Occupation NOT EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 17 / 2006
Transaction ID: SA11AI.44857
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
MS JEAN MASTERS

Mailing Address 1150 OAK KNOLL DR

City LAKE FOREST State IL Zip Code 60045

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 251.00

Date of Receipt: 07 / 06 / 2006
Transaction ID: SA11AI.42032
 Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
MS JEAN MASTERS

Mailing Address 1150 OAK KNOLL DR

City LAKE FOREST State IL Zip Code 60045

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 352.00

Date of Receipt: 07 / 17 / 2006
Transaction ID: SA11AI.44947
 Amount of Each Receipt this Period: 101.00

SUBTOTAL of Receipts This Page (optional) ► **701.00**

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 76 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS RUTH P MATTHEWS

Mailing Address 45 HONEY LOCUST LN
APT 207C

City State Zip Code
SAINT CHARLES MO 63303

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	6

Transaction ID: SA11AI.52716

Amount of Each Receipt this Period
119.00

B. Full Name (Last, First, Middle Initial)
MR EUGENE MCELVANEY, JR

Mailing Address 200 W 1ST ST STE 859

City State Zip Code
ROSWELL NM 88203

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: SA11AI.45372

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MRS ELLA MAE MCGUIRE

Mailing Address 8725 E STONERIDGE ST

City State Zip Code
WICHITA KS 67206

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	3	/	2	0	0	6

Transaction ID: SA11AI.41052

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **329.00**

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 77 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS ELLA MAE MCGUIRE

Mailing Address 8725 E STONERIDGE ST

City State Zip Code
WICHITA KS 67206

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	0	6

Transaction ID: SA11AI.44358

Amount of Each Receipt this Period
21.00

B. Full Name (Last, First, Middle Initial)
MRS ELLA MAE MCGUIRE

Mailing Address 8725 E STONERIDGE ST

City State Zip Code
WICHITA KS 67206

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
267.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	6

Transaction ID: SA11AI.46725

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MRS ELLA MAE MCGUIRE

Mailing Address 8725 E STONERIDGE ST

City State Zip Code
WICHITA KS 67206

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
302.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	0	6

Transaction ID: SA11AI.47899

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **81.00**

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 78 / 157		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) MR FRANK R MCWHORTER		Date of Receipt	
	Mailing Address 1852 ANDRESS DR		M M / D D / Y Y Y Y Y 08 / 08 / 2006	
	City	State	Zip Code	Transaction ID: SA11AI.49624
	CARROLLTON	TX	75010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		35.00	
Name of Employer N/A		Occupation RETIRED		Aggregate Year-to-Date ▼
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		205.00		

B.	Full Name (Last, First, Middle Initial) MR FRANK R MCWHORTER		Date of Receipt	
	Mailing Address 1852 ANDRESS DR		M M / D D / Y Y Y Y Y 08 / 21 / 2006	
	City	State	Zip Code	Transaction ID: SA11AI.50154
	CARROLLTON	TX	75010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		35.00	
Name of Employer N/A		Occupation RETIRED		Aggregate Year-to-Date ▼
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		240.00		

C.	Full Name (Last, First, Middle Initial) MR FRANK R MCWHORTER		Date of Receipt	
	Mailing Address 1852 ANDRESS DR		M M / D D / Y Y Y Y Y 09 / 01 / 2006	
	City	State	Zip Code	Transaction ID: SA11AI.51327
	CARROLLTON	TX	75010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		113.00	
Name of Employer N/A		Occupation RETIRED		Aggregate Year-to-Date ▼
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		353.00		

SUBTOTAL of Receipts This Page (optional)	183.00
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 79 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ALMA MEDSKER

Mailing Address 2620 CHUCKEY PIKE

City State Zip Code
CHUCKEY TN 37641

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 326.00

Date of Receipt: 07 / 20 / 2006
Transaction ID: SA11AI.46445
Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
MR FRED MELTZ

Mailing Address 21966 DOLORES ST APT 229

City State Zip Code
CASTRO VALLEY CA 94546

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt: 08 / 11 / 2006
Transaction ID: SA11AI.49798
Amount of Each Receipt this Period: 35.00

C. Full Name (Last, First, Middle Initial)
MR FRED MELTZ

Mailing Address 21966 DOLORES ST APT 229

City State Zip Code
CASTRO VALLEY CA 94546

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 ▼ 310.00

Date of Receipt: 09 / 05 / 2006
Transaction ID: SA11AI.51541
Amount of Each Receipt this Period: 75.00

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 80 / 157
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR KENDALL MILLER

Mailing Address 7350 WAKEFIELD AVE

City State Zip Code
REEDLEY CA 93654

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

Name of Employer Occupation
KENCAROL INC FARM MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

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

Transaction ID: SA11AI.52244

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
MR ALFRED B MITCHELL

Mailing Address 9695 REGENCY CT

City State Zip Code
OOLTEWAH TN 37363

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

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

Transaction ID: SA11AI.52988

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
MR LEE MITCHELL

Mailing Address 1504 VIA RANCHO

City State Zip Code
SAN LORENZO CA 94580

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 Y
0 7 / 1 7 / 2 0 0 6

Transaction ID: SA11AI.44991

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 290.00

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 81 / 157

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR LEE MITCHELL

Mailing Address 1504 VIA RANCHO

City State Zip Code
SAN LORENZO CA 94580

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 351.00

Date of Receipt

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

Transaction ID: SA11AI.50149

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MR LEE MITCHELL

Mailing Address 1504 VIA RANCHO

City State Zip Code
SAN LORENZO CA 94580

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 401.00

Date of Receipt

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

Transaction ID: SA11AI.52184

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR MELVIN MOE

Mailing Address 1102 S 114TH ST LOT 61

City State Zip Code
MESA AZ 85208

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 219.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 3 / 2 0 0 6

Transaction ID: SA11AI.40983

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ▶

135.00

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 82 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR MELVIN MOE

Mailing Address 1102 S 114TH ST LOT 61

City MESA State AZ Zip Code 85208

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 ▼ 254.00

Date of Receipt: 07 / 11 / 2006
Transaction ID: SA11AI.42950
 Amount of Each Receipt this Period: 35.00

B. Full Name (Last, First, Middle Initial)
MR MELVIN MOE

Mailing Address 1102 S 114TH ST LOT 61

City MESA State AZ Zip Code 85208

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 ▼ 289.00

Date of Receipt: 08 / 21 / 2006
Transaction ID: SA11AI.50128
 Amount of Each Receipt this Period: 35.00

C. Full Name (Last, First, Middle Initial)
MR MELVIN MOE

Mailing Address 1102 S 114TH ST LOT 61

City MESA State AZ Zip Code 85208

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 299.00

Date of Receipt: 08 / 22 / 2006
Transaction ID: SA11AI.50470
 Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ► 80.00

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 83 / 157
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR MELVIN MOE

Mailing Address 1102 S 114TH ST LOT 61

City MESA State AZ Zip Code 85208

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 ▼ 329.00

Date of Receipt: 08 / 28 / 2006
Transaction ID: SA11AI.50773
 Amount of Each Receipt this Period: 30.00

B.

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

Mailing Address 1340 S OSAGE AVE

City BARTLESVILLE State OK Zip Code 74003

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.00

Date of Receipt: 08 / 28 / 2006
Transaction ID: SA11AI.50839
 Amount of Each Receipt this Period: 225.00

C.

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

Mailing Address PO BOX 3280

City YOUNTVILLE State CA Zip Code 94599

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 ▼ 211.00

Date of Receipt: 07 / 06 / 2006
Transaction ID: SA11AI.42023
 Amount of Each Receipt this Period: 61.00

SUBTOTAL of Receipts This Page (optional) ► **316.00**

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 84 / 157

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MRS ALICE L NAGEL

Mailing Address 3715 RAMBLEWOOD DR

City State Zip Code
PORT HURON MI 48060

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

Name of Employer Occupation
NONE RETIRED

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 07 / 2006

Transaction ID: SA11AI.42285

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)
MRS ALICE L NAGEL

Mailing Address 3715 RAMBLEWOOD DR

City State Zip Code
PORT HURON MI 48060

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 301.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 18 / 2006

Transaction ID: SA11AI.45902

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
MRS ALICE L NAGEL

Mailing Address 3715 RAMBLEWOOD DR

City State Zip Code
PORT HURON MI 48060

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 341.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 07 / 2006

Transaction ID: SA11AI.49146

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 157
	<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 ALICE L NAGEL		Date of Receipt MM / DD / YYYY 08 / 21 / 2006	
	Mailing Address 3715 RAMBLEWOOD DR		Transaction ID: SA11AI.50100	
	City	State	Zip Code	Amount of Each Receipt this Period
	PORT HURON	MI	48060	35.00
	FEC ID number of contributing federal political committee. C			
Name of Employer NONE		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 376.00		

B.	Full Name (Last, First, Middle Initial) MR CARL NEFF		Date of Receipt MM / DD / YYYY 07 / 19 / 2006	
	Mailing Address 8187 STATE ROUTE 43		Transaction ID: SA11AI.46298	
	City	State	Zip Code	Amount of Each Receipt this Period
	STREETSBORO	OH	44241	200.00
	FEC ID number of contributing federal political committee. C			
Name of Employer NONE		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 426.00		

C.	Full Name (Last, First, Middle Initial) MR DAVIS NEWTON		Date of Receipt MM / DD / YYYY 07 / 17 / 2006	
	Mailing Address 5866 TIMBER DR		Transaction ID: SA11AI.45046	
	City	State	Zip Code	Amount of Each Receipt this Period
	COLUMBUS	OH	43213	110.00
	FEC ID number of contributing federal political committee. C			
Name of Employer N/A		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 311.00		

SUBTOTAL of Receipts This Page (optional)	▶	345.00
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 86 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS WILMA NIXON
Mailing Address 8701 MAYFIELD RD #121
City CHESTERLAND State OH Zip Code 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 ▼ 297.00
Date of Receipt 07 / 07 / 2006
Transaction ID: SA11AI.42290
Amount of Each Receipt this Period 53.00

B. Full Name (Last, First, Middle Initial)
MRS WILMA NIXON
Mailing Address 8701 MAYFIELD RD #121
City CHESTERLAND State OH Zip Code 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 ▼ 404.00
Date of Receipt 07 / 24 / 2006
Transaction ID: SA11AI.46565
Amount of Each Receipt this Period 107.00

C. Full Name (Last, First, Middle Initial)
MRS JOHN NUSSBAUM
Mailing Address 27 BLUEBERRY LN
City DARIEN State CT Zip Code 06820
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 245.00
Date of Receipt 09 / 05 / 2006
Transaction ID: SA11AI.51472
Amount of Each Receipt this Period 45.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 157
	<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) CAPT GEORGE OCHS		Date of Receipt	
	Mailing Address 1141 HUS DR APT 105		M M / D D / Y Y Y Y Y 07 / 14 / 2006	
	City	State	Zip Code	Transaction ID: SA11AI.44310
	WATERTOWN	WI	53098	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		35.00	
Name of Employer US AIR FORCE		Occupation OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		220.00		

B.	Full Name (Last, First, Middle Initial) CAPT GEORGE OCHS		Date of Receipt	
	Mailing Address 1141 HUS DR APT 105		M M / D D / Y Y Y Y Y 07 / 24 / 2006	
	City	State	Zip Code	Transaction ID: SA11AI.46647
	WATERTOWN	WI	53098	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		20.00	
Name of Employer US AIR FORCE		Occupation OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		240.00		

C.	Full Name (Last, First, Middle Initial) MRS HELEN E OCHS		Date of Receipt	
	Mailing Address R R 1 BOX 43C		M M / D D / Y Y Y Y Y 07 / 17 / 2006	
	City	State	Zip Code	Transaction ID: SA11AI.45523
	TIONESTA	PA	16353	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		70.00	
Name of Employer N/A		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 157
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MRS HELEN E OCHS	Date of Receipt
	Mailing Address R R 1 BOX 43C	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 07 / 2006
	City State Zip Code TIONESTA PA 16353	Transaction ID: SA11AI.49159
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 50.00
	Name of Employer N/A Occupation RETIRED	
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.	Full Name (Last, First, Middle Initial) MRS HELEN E OCHS	Date of Receipt
	Mailing Address R R 1 BOX 43C	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2006
	City State Zip Code TIONESTA PA 16353	Transaction ID: SA11AI.53299
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 35.00
	Name of Employer N/A Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 335.00	

C.	Full Name (Last, First, Middle Initial) MR RAY ODEN, JR	Date of Receipt
	Mailing Address 702 THORA BLVD	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 28 / 2006
	City State Zip Code SHREVEPORT LA 71106	Transaction ID: SA11AI.53646
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 50.00
	Name of Employer N/A Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1750.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 135.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 157

(check only one)

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

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

A.

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

Mailing Address 123 HOLLY CT

City State Zip Code
BOSTIC NC 28018

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 235.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 6

Transaction ID: SA11AI.53644

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)
MR DONALD PAGE

Mailing Address 734 SCHOOL ST

City State Zip Code
LOWELL MA 01851

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

Name of Employer Occupation
TEWKSBURY SCHOOL DEPT BLDG CUSTODIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 252.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.53210

Amount of Each Receipt this Period

101.00

C.

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

Mailing Address 1401 RUBIO ST

City State Zip Code
ALTADENA CA 91001

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 501.00

Date of Receipt

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

Transaction ID: SA11AI.42974

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

236.00

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 90 / 157
(check only one)

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

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

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

Mailing Address 403 RIO CONCHO DR APT 3303

City State Zip Code
SAN ANGELO TX 76903

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
231.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2006

Transaction ID: SA11AI.52711

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
MR HAROLD PLATT

Mailing Address 8810 WALTHER BLVD #3414

City State Zip Code
BALTIMORE MD 21234

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
401.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2006

Transaction ID: SA11AI.44217

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MR HAROLD PLATT

Mailing Address 8810 WALTHER BLVD #3414

City State Zip Code
BALTIMORE MD 21234

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
436.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2006

Transaction ID: SA11AI.50755

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ▶ **270.00**

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 91 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR WILLIAM H PORTER
Mailing Address 5240 W COUNTY ROAD 56
City LAPORTE State CO Zip Code 80535
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 224.00
Date of Receipt MM / DD / YYYY 07 / 17 / 2006
Transaction ID: SA11AI.45016
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MR WILLIAM H PORTER
Mailing Address 5240 W COUNTY ROAD 56
City LAPORTE State CO Zip Code 80535
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 249.00
Date of Receipt MM / DD / YYYY 08 / 09 / 2006
Transaction ID: SA11AI.49700
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT PRUDEN
Mailing Address 4013 BOSTON AVE
City GLENDALE State CA Zip Code 91214
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation VP - ACCOUNT EXECUTIVE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt MM / DD / YYYY 07 / 25 / 2006
Transaction ID: SA11AI.47461
Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional) ► 85.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 157
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR ROBERT PRUDEN

Mailing Address 4013 BOSTON AVE

City State Zip Code
GLENDALE CA 91214

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

Name of Employer Occupation
VP - ACCOUNT EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2006

Transaction ID: SA11AI.52052

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MS MATILE RAYA

Mailing Address 3509 GRIFFITH PARK BLVD

City State Zip Code
LOS ANGELES CA 90027

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 ▼
289.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2006

Transaction ID: SA11AI.52714

Amount of Each Receipt this Period
113.00

C.

Full Name (Last, First, Middle Initial)
MS BENNIE REDWINE

Mailing Address 7139 TIMBERCREEK DR

City State Zip Code
SAN ANTONIO TX 78227

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
237.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2006

Transaction ID: SA11AI.52059

Amount of Each Receipt this Period
79.00

SUBTOTAL of Receipts This Page (optional) ► **242.00**

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 93 / 157

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MRS DOROTHY RICE

Mailing Address 104 PAPPAN BUSINESS DR

City State Zip Code
BEAVER FALLS PA 15010

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 29 / 2006

Transaction ID: SA11AI.51114

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MRS DONNA M RICHTER-JONES

Mailing Address 1414 COTTONVILLE DR

City State Zip Code
FRIENDSHIP WI 53934

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2006

Transaction ID: SA11AI.46655

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)
MRS DONNA M RICHTER-JONES

Mailing Address 1414 COTTONVILLE DR

City State Zip Code
FRIENDSHIP WI 53934

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 23 / 2006

Transaction ID: SA11AI.50523

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

250.00

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

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

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

FOR LINE NUMBER: PAGE 94 / 157

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MRS DONNA M RICHTER-JONES

Mailing Address 1414 COTTONVILLE DR

City State Zip Code
FRIENDSHIP WI 53934

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

Name of Employer Occupation
N/A RETIRED

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

Date of Receipt

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

Transaction ID: SA11AI.52182

Amount of Each Receipt this Period

50.00

B.

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

Mailing Address 545 INGALTON AVE

City State Zip Code
WEST CHICAGO IL 60185

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

Name of Employer Occupation
N/A RETIRED

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	0	6

Transaction ID: SA11AI.46300

Amount of Each Receipt this Period

100.00

C.

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

Mailing Address H C 34 BOX 380

City State Zip Code
LEWISBURG WV 24901

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 215.00

Date of Receipt

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

Transaction ID: SA11AI.48419

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional) ▶

185.00

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

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

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

FOR LINE NUMBER: PAGE 95 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address H C 34 BOX 380

City State Zip Code
LEWISBURG WV 24901

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt MM / DD / YYYY
09 / 12 / 2006

Transaction ID: SA11AI.51633

Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MRS MARY E RUSSELL

Mailing Address 4427 E GARLAND AVE

City State Zip Code
FRESNO CA 93726

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 414.00

Date of Receipt MM / DD / YYYY
09 / 11 / 2006

Transaction ID: SA11AI.52092

Amount of Each Receipt this Period 225.00

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

Mailing Address 393 DORCHESTER RD

City State Zip Code
LYME NH 03768

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt MM / DD / YYYY
07 / 17 / 2006

Transaction ID: SA11AI.44934

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 96 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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 ▼ 2350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2006

Transaction ID: SA11AI.42901

Amount of Each Receipt this Period
250.00

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

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 ▼ 2850.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2006

Transaction ID: SA11AI.47458

Amount of Each Receipt this Period
500.00

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

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 ▼ 3350.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 07 / 2006

Transaction ID: SA11AI.51946

Amount of Each Receipt this Period
500.00

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 97 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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 ▼ 3600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2006

Transaction ID: SA11AI.52466

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR THOMAS S SCOGGINS

Mailing Address 2 AUDUBON PL

City State Zip Code
FAIRHOPE AL 36532

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2006

Transaction ID: SA11AI.44966

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR EDWIN S SEDLACEK

Mailing Address 6027 89TH ST E

City State Zip Code
PUYALLUP WA 98371

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 226.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2006

Transaction ID: SA11AI.46427

Amount of Each Receipt this Period
50.00

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 98 / 157

(check only one)

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

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

A.

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

Mailing Address 12630 S LAFLIN ST

City State Zip Code
CALUMET PARK IL 60827

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 03 / 2006

Transaction ID: SA11AI.40943

Amount of Each Receipt this Period
35.00

B.

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

Mailing Address 12630 S LAFLIN ST

City State Zip Code
CALUMET PARK IL 60827

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 517.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2006

Transaction ID: SA11AI.44815

Amount of Each Receipt this Period
101.00

C.

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

Mailing Address 12630 S LAFLIN ST

City State Zip Code
CALUMET PARK IL 60827

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 552.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2006

Transaction ID: SA11AI.46536

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ▶

171.00

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 99 / 157
(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

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

A.

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

Mailing Address 12630 S LAFLIN ST

City State Zip Code
CALUMET PARK IL 60827

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 602.00

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

Transaction ID: SA11AI.53496

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MR ARTHUR H SHIPKEY

Mailing Address 1428 W BAY AVE

City State Zip Code
NEWPORT BEACH CA 92661

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 6

Transaction ID: SA11AI.50567

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR LEONARD SIGURDSEN

Mailing Address 4169 W BIRCHVIEW RD

City State Zip Code
GRASSTON MN 55030

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

Name of Employer SELF Occupation FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.47507

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 157
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MR ELBERT C SMITH

Mailing Address P O BOX 856

City RENTON State WA Zip Code 98057

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt: 09 / 28 / 2006
Transaction ID: SA11AI.53650
 Amount of Each Receipt this Period: 35.00

B. Full Name (Last, First, Middle Initial)
KAYE SMITH

Mailing Address 15982 EL SONETO DR

City WHITTIER State CA Zip Code 90603

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 ▼ 214.00

Date of Receipt: 09 / 14 / 2006
Transaction ID: SA11AI.52553
 Amount of Each Receipt this Period: 38.00

C. Full Name (Last, First, Middle Initial)
LOUISE SMITH

Mailing Address 6060 OXFORD AVE N

City STILLWATER State MN Zip Code 55082

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 17 / 2006
Transaction ID: SA11AI.44833
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 123.00

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 101 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MABELLE JEAN SMITH

Mailing Address 8545 MISSION GORGE RD
SPC 224

City State Zip Code
SANTEE CA 92071

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2006

Transaction ID: SA11AI.44327

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR DOUGLAS G SNYDER

Mailing Address 3 HUGHES

City State Zip Code
IRVINE CA 92618

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2006

Transaction ID: SA11AI.46896

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MS BERTHA SODORA

Mailing Address 60 BLANCHE AVE #W-106

City State Zip Code
HARRINGTON PARK NJ 07640

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 236.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 05 / 2006

Transaction ID: SA11AI.41755

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 350.00

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 102 / 157

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MS BERTHA SODORA

Mailing Address 60 BLANCHE AVE #W-106

City State Zip Code
HARRINGTON PARK NJ 07640

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
286.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	6

Transaction ID: SA11AI.46694

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MS BERTHA SODORA

Mailing Address 60 BLANCHE AVE #W-106

City State Zip Code
HARRINGTON PARK NJ 07640

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
586.00

Date of Receipt

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

Transaction ID: SA11AI.51330

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
ILONA SOLDES

Mailing Address 10 GRISTMILL LN

City State Zip Code
GREAT NECK NY 11023

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
318.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	5	/	2	0	0	6

Transaction ID: SA11AI.52601

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) 500.00

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 103 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ILONA SOLDES

Mailing Address 10 GRISTMILL LN

City State Zip Code
GREAT NECK NY 11023

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 368.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2006

Transaction ID: SA11AI.52925

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR IAN SONEGO

Mailing Address 3537 KAHLERT AVE

City State Zip Code
LOUISVILLE KY 40215

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

Name of Employer Occupation
STATE OF KENTUCKY ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2006

Transaction ID: SA11AI.52991

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MS MARTHA STEVENS

Mailing Address 917 TOWNSHIP RD 200

City State Zip Code
BELLEFONTAINE OH 43311

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 211.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 02 / 2006

Transaction ID: SA11AI.48887

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **135.00**

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 104 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS MARTHA STEVENS

Mailing Address 917 TOWNSHIP RD 200

City State Zip Code
BELLEFONTAINE OH 43311

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
246.00

Date of Receipt

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

Transaction ID: SA11AI.50784

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
DONALD STONE

Mailing Address 1144 HARDSCRABBLE RD

City State Zip Code
CASSVILLE NY 13318

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	9	/	2	0	0	6

Transaction ID: SA11AI.51105

Amount of Each Receipt this Period
79.00

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

Mailing Address 6473 BROOKSIDE DR

City State Zip Code
MUSKEGO WI 53150

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 ▼
210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	0	6

Transaction ID: SA11AI.53116

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ► **174.00**

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 105 / 157
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MS JEANICE SUHAJDA

Mailing Address 20 N TOWER RD APT 12E

City State Zip Code
OAK BROOK IL 60523

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 18 / 2006

Transaction ID: SA11AI.45903

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
WILBUR TAKEMIRE

Mailing Address 7105 N W 30TH TER

City State Zip Code
BETHANY OK 73008

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 211.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2006

Transaction ID: SA11AI.44249

Amount of Each Receipt this Period
70.00

C.

Full Name (Last, First, Middle Initial)
MRS CHARLOTTE H TAYLOR

Mailing Address 364 MULBERRY ST

City State Zip Code
MORGANTOWN WV 26505

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

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 238.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 12 / 2006

Transaction ID: SA11AI.51630

Amount of Each Receipt this Period
92.00

SUBTOTAL of Receipts This Page (optional) ▶

212.00

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 106 / 157
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
DR MILDRED M THOMAS

Mailing Address 2935 N WILLIAMETTE BLVD

City State Zip Code
PORTLAND OR 97217

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

Name of Employer Occupation
DOCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 226.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2006

Transaction ID: SA11AI.48393

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
DR MILDRED M THOMAS

Mailing Address 2935 N WILLIAMETTE BLVD

City State Zip Code
PORTLAND OR 97217

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

Name of Employer Occupation
DOCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2006

Transaction ID: SA11AI.51292

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
DR MILDRED M THOMAS

Mailing Address 2935 N WILLIAMETTE BLVD

City State Zip Code
PORTLAND OR 97217

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

Name of Employer Occupation
DOCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2006

Transaction ID: SA11AI.53349

Amount of Each Receipt this Period
20.00

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

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

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

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

FOR LINE NUMBER: PAGE 107 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS EDGAR UHLEIN
 Mailing Address 1001 SHERIDAN RD
 City State Zip Code
LAKE BLUFF IL 60044
 Date of Receipt
MM / DD / YYYY
09 / 01 / 2006
 Transaction ID: SA11AI.51309
 Amount of Each Receipt this Period
1688.00
 FEC ID number of contributing federal political committee. C
 Name of Employer N/A Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2438.00

B. Full Name (Last, First, Middle Initial)
MR PAUL D VEACH
 Mailing Address 729 GREEN COVE LN
 City State Zip Code
DALLAS TX 75232
 Date of Receipt
MM / DD / YYYY
07 / 18 / 2006
 Transaction ID: SA11AI.46011
 Amount of Each Receipt this Period
100.00
 FEC ID number of contributing federal political committee. C
 Name of Employer N/A Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 231.00

C. Full Name (Last, First, Middle Initial)
DR CHARLES VIRGIN
 Mailing Address 945 MARINER DR
 City State Zip Code
KEY BISCAWAYNE FL 33149
 Date of Receipt
MM / DD / YYYY
07 / 24 / 2006
 Transaction ID: SA11AI.46816
 Amount of Each Receipt this Period
199.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

SUBTOTAL of Receipts This Page (optional) ► 1987.00
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 108 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR ARNOLD VREELAND

Mailing Address 3238 RUNNING QUAIL CT

City State Zip Code
PLACERVILLE CA 95667

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 301.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2006

Transaction ID: SA11AI.51211

Amount of Each Receipt this Period
160.00

B. Full Name (Last, First, Middle Initial)
MR ARNOLD VREELAND

Mailing Address 3238 RUNNING QUAIL CT

City State Zip Code
PLACERVILLE CA 95667

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 ▼ 336.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2006

Transaction ID: SA11AI.51685

Amount of Each Receipt this Period
35.00

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

Mailing Address 6462 FM 1144

City State Zip Code
KARNES CITY TX 78118

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 206.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2006

Transaction ID: SA11AI.46557

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 295.00

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 109 / 157
(check only one)

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

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

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

Mailing Address 6462 FM 1144

City State Zip Code
KARNES CITY TX 78118

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 256.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2006

Transaction ID: SA11AI.53084

Amount of Each Receipt this Period
50.00

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

Mailing Address 12551 FLETCHER DR

City State Zip Code
GARDEN GROVE CA 92840

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 358.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2006

Transaction ID: SA11AI.46361

Amount of Each Receipt this Period
80.00

C. Full Name (Last, First, Middle Initial)
MR HARMON WARD, JR

Mailing Address 12551 FLETCHER DR

City State Zip Code
GARDEN GROVE CA 92840

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 393.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 01 / 2006

Transaction ID: SA11AI.48390

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **165.00**

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

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

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

FOR LINE NUMBER: PAGE 110 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR HARMON WARD, JR
Mailing Address 12551 FLETCHER DR
City State Zip Code
GARDEN GROVE CA 92840
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 418.00
Date of Receipt: 09 / 25 / 2006
Transaction ID: SA11AI.53089
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
MR HARRISON WARD
Mailing Address 515 82ND ST # 1-FT
City State Zip Code
BROOKLYN NY 11209
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
JP MORGAN-CHASE BANKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt: 08 / 02 / 2006
Transaction ID: SA11AI.48891
Amount of Each Receipt this Period: 150.00

C. Full Name (Last, First, Middle Initial)
CLARENCE L WATSON
Mailing Address 310 HESTER AVE LOT 201
City State Zip Code
DONNA TX 78537
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
NONE NOT EMPLOYED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00
Date of Receipt: 07 / 24 / 2006
Transaction ID: SA11AI.46783
Amount of Each Receipt this Period: 15.00

SUBTOTAL of Receipts This Page (optional) ► 190.00
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 111 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
CLARENCE L WATSON

Mailing Address 310 HESTER AVE LOT 201

City State Zip Code
DONNA TX 78537

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

Name of Employer NONE Occupation NOT EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **226.00**

Date of Receipt MM / DD / YYYY
08 / 01 / 2006

Transaction ID: SA11AI.48503

Amount of Each Receipt this Period **25.00**

B. Full Name (Last, First, Middle Initial)
CLARENCE L WATSON

Mailing Address 310 HESTER AVE LOT 201

City State Zip Code
DONNA TX 78537

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

Name of Employer NONE Occupation NOT EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **246.00**

Date of Receipt MM / DD / YYYY
08 / 07 / 2006

Transaction ID: SA11AI.46993

Amount of Each Receipt this Period **20.00**

C. Full Name (Last, First, Middle Initial)
CLARENCE L WATSON

Mailing Address 310 HESTER AVE LOT 201

City State Zip Code
DONNA TX 78537

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

Name of Employer NONE Occupation NOT EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **271.00**

Date of Receipt MM / DD / YYYY
08 / 28 / 2006

Transaction ID: SA11AI.50851

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional) **70.00**

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 112 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
CLARENCE L WATSON

Mailing Address 310 HESTER AVE LOT 201

City State Zip Code
DONNA TX 78537

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

Name of Employer NONE Occupation NOT EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 297.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2006

Transaction ID: SA11AI.51679

Amount of Each Receipt this Period
26.00

B. Full Name (Last, First, Middle Initial)
CLARENCE L WATSON

Mailing Address 310 HESTER AVE LOT 201

City State Zip Code
DONNA TX 78537

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

Name of Employer NONE Occupation NOT EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2006

Transaction ID: SA11AI.53526

Amount of Each Receipt this Period
15.00

C. Full Name (Last, First, Middle Initial)
CLARENCE L WATSON

Mailing Address 310 HESTER AVE LOT 201

City State Zip Code
DONNA TX 78537

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

Name of Employer NONE Occupation NOT EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 332.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2006

Transaction ID: SA11AI.53882

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 61.00

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 113 / 157
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
A V WEATHERFORD

Mailing Address 24371 CRESTLAWN ST

City State Zip Code
WOODLAND HILLS CA 91367

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

Name of Employer Occupation
AEROSPACE CORP ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 6

Transaction ID: SA11AI.52560

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
ELEANOR WEIDMANN

Mailing Address 3500 ROLLING GREEN DR J 38

City State Zip Code
FORT COLLINS CO 80523

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: SA11AI.45227

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT D WELCHLI

Mailing Address 348 PROVENCAL RD

City State Zip Code
GROSSE POINTE FARM MI 48236

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

Name of Employer Occupation
RETIRED ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.45408

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 114 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR ROBERT D WELCHLI

Mailing Address 348 PROVENAL RD

City State Zip Code
GROSSE POINTE FARM MI 48236

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

Name of Employer Occupation
RETIRED ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2006

Transaction ID: SA11AI.48530

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR ROBERT D WELCHLI

Mailing Address 348 PROVENAL RD

City State Zip Code
GROSSE POINTE FARM MI 48236

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

Name of Employer Occupation
RETIRED ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2006

Transaction ID: SA11AI.50878

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
RUTH WEST

Mailing Address 201 CRONIN ST

City State Zip Code
BRISTOL CT 06010

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 ▼ 225.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2006

Transaction ID: SA11AI.53092

Amount of Each Receipt this Period
25.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 115 / 157
(check only one)

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

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

A.

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

Mailing Address 7900 BAKMAN AVE

City State Zip Code
SUN VALLEY CA 91352

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 01 / 2006

Transaction ID: SA11AI.48397

Amount of Each Receipt this Period

35.00

B.

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

Mailing Address 4461 STACK BLVD APT E130

City State Zip Code
MELBOURNE FL 32901

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2006

Transaction ID: SA11AI.42939

Amount of Each Receipt this Period

50.00

C.

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

Mailing Address 4461 STACK BLVD APT E130

City State Zip Code
MELBOURNE FL 32901

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
796.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 25 / 2006

Transaction ID: SA11AI.47463

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 116 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4461 STACK BLVD APT E130

City MELBOURNE State FL Zip Code 32901

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 831.00

Date of Receipt: 08 / 01 / 2006
Transaction ID: SA11AI.48404
 Amount of Each Receipt this Period: 35.00

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

Mailing Address 4461 STACK BLVD APT E130

City MELBOURNE State FL Zip Code 32901

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 866.00

Date of Receipt: 08 / 25 / 2006
Transaction ID: SA11AI.50610
 Amount of Each Receipt this Period: 35.00

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

Mailing Address 4461 STACK BLVD APT E130

City MELBOURNE State FL Zip Code 32901

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 916.00

Date of Receipt: 09 / 08 / 2006
Transaction ID: SA11AI.51963
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 117 / 157
(check only one)

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

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

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

Mailing Address **4461 STACK BLVD APT E130**

City **MELBOURNE** State **FL** Zip Code **32901**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1016.00**

Date of Receipt **09 / 11 / 2006**
Transaction ID: SA11AI.52063
 Amount of Each Receipt this Period **100.00**

B. Full Name (Last, First, Middle Initial)
MRS L J WHITMEYER, JR

Mailing Address **HC 1 BOX 110**

City **COLMESNEIL** State **TX** Zip Code **75938**

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

Name of Employer **N/A** Occupation **HOMEMAKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **233.00**

Date of Receipt **07 / 17 / 2006**
Transaction ID: SA11AI.45025
 Amount of Each Receipt this Period **85.00**

C. Full Name (Last, First, Middle Initial)
MS LILLIAN P WILKINS

Mailing Address **342 COUNTY ROAD 3900**

City **HAWKINS** State **TX** Zip Code **75765**

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

Name of Employer **N/A** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **07 / 24 / 2006**
Transaction ID: SA11AI.46731
 Amount of Each Receipt this Period **150.00**

SUBTOTAL of Receipts This Page (optional) ► **335.00**

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 118 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR HENRY K WILLARD, II

Mailing Address P O BOX 3269

City State Zip Code
SHEPHERDSTOWN WV 25443

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
08 / 03 / 2006

Transaction ID: SA11AI.49000

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
MR GEORGE WILLIAMS

Mailing Address 85 SHADY LN

City State Zip Code
STRASBURG VA 22657

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 346.00

Date of Receipt: MM / DD / YYYY
07 / 17 / 2006

Transaction ID: SA11AI.45383

Amount of Each Receipt this Period: 145.00

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

Mailing Address PO BOX 1866

City State Zip Code
TWIN FALLS ID 83303

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

Name of Employer WILLS TOYOTA Occupation GENERAL MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
08 / 08 / 2006

Transaction ID: SA11AI.49575

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 445.00

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 119 / 157
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MR EDWARD WOODS

Mailing Address 1080 ROCK CREEK RD

City State Zip Code
WEISER ID 83672

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

Name of Employer Occupation
RETIRED BORDER PATROL AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 213.00

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

Transaction ID: SA11AI.53501

Amount of Each Receipt this Period
25.00

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

Mailing Address 8540 ELWYN AVE

City State Zip Code
ELVERTA CA 95626

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 311.00

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

Transaction ID: SA11AI.51335

Amount of Each Receipt this Period
150.00

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

Mailing Address 8540 ELWYN AVE

City State Zip Code
ELVERTA CA 95626

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

Name of Employer Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 361.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11AI.53187

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 225.00

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 120 / 157
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

A.

Full Name (Last, First, Middle Initial)
DR ROBERT ZAITLIN, MD

Mailing Address 118 S CLIFFWOOD AVE

City State Zip Code
LOS ANGELES CA 90049

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

Name of Employer SELF EMPLOYED Occupation MEDICAL DOCTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2006

Transaction ID: SA11AI.47462

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
DR ROBERT ZAITLIN, MD

Mailing Address 118 S CLIFFWOOD AVE

City State Zip Code
LOS ANGELES CA 90049

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

Name of Employer SELF EMPLOYED Occupation MEDICAL DOCTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2006

Transaction ID: SA11AI.48403

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
MR GILBERT ZINKE

Mailing Address 7018 CENTRAL AVE

City State Zip Code
GLENDALE NY 11385

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2006

Transaction ID: SA11AI.49183

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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 121 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS PEARL M ZULIM

Mailing Address 8407 AVENUE 428

City State Zip Code
DINUBA CA 93618

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2006

Transaction ID: SA11AI.44780

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
MRS PEARL M ZULIM

Mailing Address 8407 AVENUE 428

City State Zip Code
DINUBA CA 93618

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
351.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2006

Transaction ID: SA11AI.44999

Amount of Each Receipt this Period
100.00

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

TOTAL This Period (last page this line number only) ► **31393.00**

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

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

FOR LINE NUMBER: PAGE 122 / 157
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

Full Name (Last, First, Middle Initial)
CATTERTON PRINTING & MAILSHOP

Mailing Address 100 POST OFFICE RD

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 ▼
1435.88

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 27 / 2006

Transaction ID: SA15.4250

Amount of Each Receipt this Period
1435.88

POSTAGE REFUND

SUBTOTAL of Receipts This Page (optional)	▶	1435.88
TOTAL This Period (last page this line number only)	▶	1435.88

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ALLIED PRINTING RESOURCES	Transaction ID: SB21B.40649 Date of Disbursement 09 / 05 / 2006	
	Mailing Address PO BOX 6506 455 WASHINGTON AVE		
	City CARLSTADT State NJ Zip Code 07072	Amount of Each Disbursement this Period 406.00	
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL Candidate Name	003 Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) AURORA SENTINEL	Transaction ID: SB21B.40905 Date of Disbursement 07 / 28 / 2006	
	Mailing Address 10730 E. BETHANY DRIVE		
	City AURORA State CO Zip Code 80014	Amount of Each Disbursement this Period 1080.00	
	Purpose of Disbursement NEWSPAPER ADVERTISING 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) MR ALLEN BRANDSTATER	Transaction ID: SB21B.40897 Date of Disbursement 07 / 07 / 2006	
	Mailing Address 1241 OAK CIRCLE DRIVE		
	City GLENDALE State CA Zip Code 91208	Amount of Each Disbursement this Period 1250.00	
	Purpose of Disbursement CONSULTING FEE & MANAGEMENT Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2736.00
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)

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

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 ALLEN BRANDSTATER Mailing Address 1241 OAK CIRCLE DRIVE City GLENDALE State CA Zip Code 91208 Purpose of Disbursement CEO EXPENSES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40898 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
	Amount of Each Disbursement this Period 150.00
B. Full Name (Last, First, Middle Initial) MR ALLEN BRANDSTATER Mailing Address 1241 OAK CIRCLE DRIVE City GLENDALE State CA Zip Code 91208 Purpose of Disbursement CONSULTING FEE & MANAGEMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40903 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
	Amount of Each Disbursement this Period 1000.00
C. Full Name (Last, First, Middle Initial) MR ALLEN BRANDSTATER Mailing Address 1241 OAK CIRCLE DRIVE City GLENDALE State CA Zip Code 91208 Purpose of Disbursement CONSULTING FEE & MANAGEMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40906 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
	Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional)	3150.00
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)

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

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

A.	Full Name (Last, First, Middle Initial) MR ALLEN BRANDSTATER	Transaction ID: SB21B.40910 Date of Disbursement
	Mailing Address 1241 OAK CIRCLE DRIVE	<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>
	City GLENDALE State CA Zip Code 91208	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING FEE & MANAGEMENT	<input type="text" value="1000.00"/>
	Candidate Name	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) MR ALLEN BRANDSTATER	Transaction ID: SB21B.40912 Date of Disbursement
	Mailing Address 1241 OAK CIRCLE DRIVE	<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
	City GLENDALE State CA Zip Code 91208	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING FEE & MANAGEMENT	<input type="text" value="2000.00"/>
	Candidate Name	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) MR ALLEN BRANDSTATER	Transaction ID: SB21B.40913 Date of Disbursement
	Mailing Address 1241 OAK CIRCLE DRIVE	<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
	City GLENDALE State CA Zip Code 91208	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING FEE & MANAGEMENT	<input type="text" value="1000.00"/>
	Candidate Name	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)

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

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

A. Full Name (Last, First, Middle Initial) MR ALLEN BRANDSTATER <hr/> Mailing Address 1241 OAK CIRCLE DRIVE <hr/> City GLENDALE State CA Zip Code 91208 <hr/> Purpose of Disbursement CONSULTING FEE & MANAGEMENT Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40914 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) MR ALLEN BRANDSTATER <hr/> Mailing Address 1241 OAK CIRCLE DRIVE <hr/> City GLENDALE State CA Zip Code 91208 <hr/> Purpose of Disbursement CONSULTING FEE & MANAGEMENT Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40915 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
	Amount of Each Disbursement this Period 1000.00
C. Full Name (Last, First, Middle Initial) MR ALLEN BRANDSTATER <hr/> Mailing Address 1241 OAK CIRCLE DRIVE <hr/> City GLENDALE State CA Zip Code 91208 <hr/> Purpose of Disbursement CONSULTING FEE & MANAGEMENT Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40916 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

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

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

A.	Full Name (Last, First, Middle Initial) MR ALLEN BRANDSTATER Mailing Address 1241 OAK CIRCLE DRIVE City GLENDALE State CA Zip Code 91208 Purpose of Disbursement CONSULTING FEE & MANAGEMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40919 Date of Disbursement 09 / 26 / 2006 Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) BULK MAILING & ADDRESSING, INC. Mailing Address 1328 CHARWOOD ROAD City HANOVER State MD Zip Code 21076 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40608 Date of Disbursement 07 / 05 / 2006 Amount of Each Disbursement this Period 2341.20
C.	Full Name (Last, First, Middle Initial) BULK MAILING & ADDRESSING, INC. Mailing Address 1328 CHARWOOD ROAD City HANOVER State MD Zip Code 21076 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40618 Date of Disbursement 07 / 17 / 2006 Amount of Each Disbursement this Period 4092.00

SUBTOTAL of Disbursements This Page (optional) ▶

7433.20

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BULK MAILING & ADDRESSING, INC.	Transaction ID: SB21B.40620 Date of Disbursement
	Mailing Address 1328 CHARWOOD ROAD	<input type="text" value="07"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City HANOVER State MD Zip Code 21076	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="49.56"/>
	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) BULK MAILING & ADDRESSING, INC.	Transaction ID: SB21B.40637 Date of Disbursement
	Mailing Address 1328 CHARWOOD ROAD	<input type="text" value="08"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City HANOVER State MD Zip Code 21076	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="2397.02"/>
	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) BULK MAILING & ADDRESSING, INC.	Transaction ID: SB21B.40655 Date of Disbursement
	Mailing Address 1328 CHARWOOD ROAD	<input type="text" value="09"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City HANOVER State MD Zip Code 21076	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="9423.23"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.40607 Date of Disbursement 07 / 05 / 2006	
	Mailing Address 1420 SPRING HILL RD STE 490		
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 651.78	
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	003 Category/ Type	
	Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		
B.	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.40610 Date of Disbursement 07 / 10 / 2006	
	Mailing Address 1420 SPRING HILL RD STE 490		
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 11244.69	
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	003 Category/ Type	
	Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		
C.	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.40632 Date of Disbursement 07 / 24 / 2006	
	Mailing Address 1420 SPRING HILL RD STE 490		
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 5268.78	
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	003 Category/ Type	
	Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

17165.25

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.40643 Date of Disbursement																			
	Mailing Address 1420 SPRING HILL RD STE 490	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	4		2	0	0	6												
	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>850.05</td></tr></table>	850.05																		
850.05																					
	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.40647 Date of Disbursement																			
	Mailing Address 1420 SPRING HILL RD STE 490	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	8		2	0	0	6												
	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>10000.00</td></tr></table>	10000.00																		
10000.00																					
	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 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.40656 Date of Disbursement																			
	Mailing Address 1420 SPRING HILL RD STE 490	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	1		2	0	0	6												
	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>2263.13</td></tr></table>	2263.13																		
2263.13																					
	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)	<table border="1"><tr><td>13113.18</td></tr></table>	13113.18
13113.18		
TOTAL 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)

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

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

A.	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.40669 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="09"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	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="3343.23"/>
	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.	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.40672 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="09"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	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="4489.74"/>
	Candidate Name	<input type="text" value="003"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CATTERTON PRINTING, INC.	Transaction ID: SB21B.40609 Date of Disbursement
	Mailing Address 100 POST OFFICE ROAD	<input type="text" value="07"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City WALDORF State MD Zip Code 20602	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="3500.00"/>
	Candidate Name	<input type="text" value="003"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11332.97"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CATTERTON PRINTING, INC. Mailing Address 100 POST OFFICE ROAD City WALDORF State MD Zip Code 20602 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.40611 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6	Amount of Each Disbursement this Period 508.48
B.	Full Name (Last, First, Middle Initial) CATTERTON PRINTING, INC. Mailing Address 100 POST OFFICE ROAD City WALDORF State MD Zip Code 20602 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.40619 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6	Amount of Each Disbursement this Period 1145.00
C.	Full Name (Last, First, Middle Initial) CATTERTON PRINTING, INC. Mailing Address 100 POST OFFICE ROAD City WALDORF State MD Zip Code 20602 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.40635 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6	Amount of Each Disbursement this Period 172.00

SUBTOTAL of Disbursements This Page (optional)		1825.48	
TOTAL This Period (last page this line number only)			

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) CATTERTON PRINTING, INC.</p> <p>Mailing Address 100 POST OFFICE ROAD</p> <p>City WALDORF State MD Zip Code 20602</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40642 Date of Disbursement 08 / 14 / 2006</p> <p>Amount of Each Disbursement this Period 49.83</p> <p>003 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) CATTERTON PRINTING, INC.</p> <p>Mailing Address 100 POST OFFICE ROAD</p> <p>City WALDORF State MD Zip Code 20602</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40657 Date of Disbursement 09 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 2636.07</p> <p>003 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) COLORTREE, INC. OF VIRGINIA</p> <p>Mailing Address 2519 BRITTONS HILL RD</p> <p>City RICHMOND State VA Zip Code 23230</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40606 Date of Disbursement 07 / 05 / 2006</p> <p>Amount of Each Disbursement this Period 2872.80</p> <p>003 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5558.70

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. 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 <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40612 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
	Amount of Each Disbursement this Period 7268.13
	Category/ Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) 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 <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40621 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
	Amount of Each Disbursement this Period 3192.63
	Category/ Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) 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 <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40638 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
	Amount of Each Disbursement this Period 11986.59
	Category/ Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	22447.35
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CP DIRECT	Transaction ID: SB21B.40639 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="08"/> <input type="text" value="07"/> / <input type="text" value="2006"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="16101.30"/>
	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) DM GROUP	Transaction ID: SB21B.40613 Date of Disbursement
	Mailing Address 201 SKIPJACK ROAD	<input type="text" value="07"/> <input type="text" value="10"/> / <input type="text" value="2006"/>
	City PRINCE FREDERICK State MD Zip Code 20678	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="50.00"/>
	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) DM GROUP	Transaction ID: SB21B.40640 Date of Disbursement
	Mailing Address 201 SKIPJACK ROAD	<input type="text" value="08"/> <input type="text" value="07"/> / <input type="text" value="2006"/>
	City PRINCE FREDERICK State MD Zip Code 20678	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="25.00"/>
	Candidate Name	<input type="text" value="003"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="16176.30"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) ECG DATA CENTER</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40644</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4809.51"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ECG DATA CENTER</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40670</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6428.91"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) GILLIS DATA & INFORMATION SERVICES, LLC</p> <p>Mailing Address 8990 WESTCHESTER DRIVE</p> <p>City MANASSAS State VA Zip Code 20112</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40604</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="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2585.00"/></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)

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

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

A.	Full Name (Last, First, Middle Initial) LITHOTECH	Transaction ID: SB21B.40615
	Mailing Address 2020 N 22ND AVE	Date of Disbursement 07 / 10 / 2006
	City PHOENIX State AZ Zip Code 85009	Amount of Each Disbursement this Period 1044.75
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) LITHOTECH	Transaction ID: SB21B.40660
	Mailing Address 2020 N 22ND AVE	Date of Disbursement 09 / 11 / 2006
	City PHOENIX State AZ Zip Code 85009	Amount of Each Disbursement this Period 2068.50
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL	Transaction ID: SB21B.40623
	Mailing Address 21721-A FILIGREE CT	Date of Disbursement 07 / 17 / 2006
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period 7945.47
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	11058.72
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL</p> <p>Mailing Address 21721-A FILIGREE CT</p> <p>City ASHBURN State VA Zip Code 20147</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40634</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4033.75"/></p>
<p>B. Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL</p> <p>Mailing Address 21721-A FILIGREE CT</p> <p>City ASHBURN State VA Zip Code 20147</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40641</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2478.69"/></p>
<p>C. Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL</p> <p>Mailing Address 21721-A FILIGREE CT</p> <p>City ASHBURN State VA Zip Code 20147</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40650</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9450.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="15962.44"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL</p> <p>Mailing Address 21721-A FILIGREE CT</p> <p>City ASHBURN State VA Zip Code 20147</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40651</p> <p>Date of Disbursement 09 / 06 / 2006</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>003 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL</p> <p>Mailing Address 21721-A FILIGREE CT</p> <p>City ASHBURN State VA Zip Code 20147</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40661</p> <p>Date of Disbursement 09 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 1255.82</p> <p>003 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement LIST RENTALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40616</p> <p>Date of Disbursement 07 / 10 / 2006</p> <p>Amount of Each Disbursement this Period 12846.15</p> <p>003 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

14401.97

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY	Transaction ID: SB21B.40624 Date of Disbursement 07 / 17 / 2006
	Mailing Address 1420 SPRING HILL RD STE 490	Amount of Each Disbursement this Period 9330.81
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement LIST RENTALS Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY	Transaction ID: SB21B.40633 Date of Disbursement 07 / 24 / 2006
	Mailing Address 1420 SPRING HILL RD STE 490	Amount of Each Disbursement this Period 8506.00
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement LIST RENTALS Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY	Transaction ID: SB21B.40645 Date of Disbursement 08 / 14 / 2006
	Mailing Address 1420 SPRING HILL RD STE 490	Amount of Each Disbursement this Period 810.00
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement LIST RENTALS Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

18646.81

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement LIST RENTALS 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.40648 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	Amount of Each Disbursement this Period 535.00
B.	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement LIST RENTALS 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.40664 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6	Amount of Each Disbursement this Period 590.60
C.	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement LIST RENTALS 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.40671 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6	Amount of Each Disbursement this Period 3127.02

SUBTOTAL of Disbursements This Page (optional)	4252.62
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

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

Transaction ID: SB21B.40603

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	0	6

Mailing Address 4841 DILLON DR

Amount of Each Disbursement this Period

1513.59

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement
CAGING & ESCROW

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

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

Transaction ID: SB21B.40625

Date of Disbursement

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

Mailing Address 4841 DILLON DR

Amount of Each Disbursement this Period

1960.01

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement
CAGING & ESCROW

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

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

Transaction ID: SB21B.40665

Date of Disbursement

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

Mailing Address 4841 DILLON DR

Amount of Each Disbursement this Period

2879.94

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement
CAGING & ESCROW

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

6353.54

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS	Transaction ID: SB21B.40627 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="07"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="3030.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS	Transaction ID: SB21B.40628 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="07"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	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="1515.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS	Transaction ID: SB21B.40629 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="07"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="4545.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9090.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS	Transaction ID: SB21B.40630 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="4545.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS	Transaction ID: SB21B.40631 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="4545.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS	Transaction ID: SB21B.40652 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="15.15"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9105.15"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City MCLEAN State VA Zip Code 22102 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40653 Date of Disbursement 09 / 11 / 2006
	Amount of Each Disbursement this Period 45.90
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City MCLEAN State VA Zip Code 22102 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40654 Date of Disbursement 09 / 11 / 2006
	Amount of Each Disbursement this Period 45.90
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City MCLEAN State VA Zip Code 22102 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40673 Date of Disbursement 09 / 25 / 2006
	Amount of Each Disbursement this Period 4545.00
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4636.80
TOTAL This Period (last page this line number only) ▶	(Empty)

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS <hr/> Mailing Address 1420 SPRING HILL ROAD, SUITE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40674 Date of Disbursement 09 / 25 / 2006
	Amount of Each Disbursement this Period 4545.00
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) RST MARKETING <hr/> Mailing Address 1272 CORPORATE PARK RD <hr/> City FOREST State VA Zip Code 24551 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40626 Date of Disbursement 07 / 20 / 2006
	Amount of Each Disbursement this Period 1089.63
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RST MARKETING <hr/> Mailing Address 1272 CORPORATE PARK RD <hr/> City FOREST State VA Zip Code 24551 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40636 Date of Disbursement 08 / 03 / 2006
	Amount of Each Disbursement this Period 7700.00
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

13334.63

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) RST MARKETING</p> <p>Mailing Address 1272 CORPORATE PARK RD</p> <p>City FOREST State VA Zip Code 24551</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40646</p> <p>Date of Disbursement 08 / 14 / 2006</p> <p>Amount of Each Disbursement this Period 2405.19</p> <p>003 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) TRI-STATE ENVELOPE CORP.</p> <p>Mailing Address 1 ORGLER PL</p> <p>City ASHLAND State PA Zip Code 17921</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40668</p> <p>Date of Disbursement 09 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 2843.40</p> <p>003 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) WEST END PRINTING</p> <p>Mailing Address 1619 SHERWOOD AVE</p> <p>City RICHMOND State VA Zip Code 23220</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.40617</p> <p>Date of Disbursement 07 / 10 / 2006</p> <p>Amount of Each Disbursement this Period 12135.90</p> <p>003 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

17384.49

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ZIP MAILING SERVICES, INC.

Transaction ID: SB21B.40676

Date of Disbursement

Mailing Address 288 HANLEY INDUSTRIAL CT

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	6

City ST LOUIS State MO Zip Code 63144

Amount of Each Disbursement this Period

2600.00

Purpose of Disbursement
DIRECT MAIL FUNDRAISING FOR AAIL

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

2600.00

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

263866.89

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

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

Transaction ID: SB26.40920

Date of Disbursement

Mailing Address 1241 OAK CIRCLE DRIVE

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

City State Zip Code
GLENDALE CA 91208

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement
LOAN REPAYMENT

009
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

200.00

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

200.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
KOREAN WAR VETERANS NATIONAL MUSEUM & LIBRARY

Transaction ID: SB29.40659

Date of Disbursement

Mailing Address 1007 PACESETTER DR

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

City RANTOUL State IL Zip Code 61866

Amount of Each Disbursement this Period

650.00

Purpose of Disbursement
CONTRIBUTION

012
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

650.00

TOTAL This Period (last page this line number only)

650.00

SCHEDULE C (FEC Form 3X)

LOANS

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

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

Transaction ID: SC/10.11562

LOAN SOURCE Full Name (Last, First, Middle Initial)

MR ALLEN BRANDSTATER

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address 1241 OAK CIRCLE DRIVE

City GLENDALE State CA ZIP Code 91208

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

TERMS

Date Incurred: M M 1 2 D D 0 2 Y Y Y Y 2 0 0 5 Date Due: ON DEMAND Interest Rate: 0 % (apr) Secured: Yes No

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional).....	60266.97
2) TOTALS This Period (last page this line number only).....	[]
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	[]
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	[]

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period 25320.15		Transaction ID: SD10.40711	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25320.15	

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

Outstanding Balance Beginning This Period 16101.30		Transaction ID: SD10.40713	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 16101.30	

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

Outstanding Balance Beginning This Period 75.00		Transaction ID: SD10.40714	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 75.00	

1) SUBTOTALS This Period This Page (optional).....	41496.45
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

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

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="11679.98"/>		Transaction ID: SD10.11520	
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="11679.98"/>	

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

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

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

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

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="53845.23"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period 2843.40		Transaction ID: SD10.11523	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2843.40	

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

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

1) SUBTOTALS This Period This Page (optional).....	▶	14979.30
2) TOTALS This Period (last page this line number only).....	▶	190932.68
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	700.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	191632.68