

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 11 28 2006 through 12 31 2006

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

Type or Print Name of Treasurer 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 | | | | | | | |
|-----------------|--|--|--|--|--|--|--|

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 |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 8 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | | 12057.23 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 11669.11 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 49512.78 | 809785.77 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 61181.89 | 821843.00 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 31538.23 | 792199.34 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 29643.66 | 29643.66 | | | | | | | | |
| 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) | 153602.49 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 8 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 9245.00 | 79298.00 |
| (i) Itemized (use Schedule A) | 40267.78 | 729051.89 |
| (ii) Unitemized | 49512.78 | 808349.89 |
| (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) | 49512.78 | 808349.89 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 1435.88 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 49512.78 | 809785.77 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 49512.78 | 809785.77 |

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..... | 30838.23 | 785472.34 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 30838.23 | 785472.34 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 0.00 | 2792.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 700.00 | 3000.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 25.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 25.00 |
| 29. Other Disbursements..... | 0.00 | 910.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 31538.23 | 792199.34 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 31538.23 | 792199.34 |

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) | 49512.78 | 808349.89 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 25.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 49512.78 | 808324.89 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 30838.23 | 785472.34 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 1435.88 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 30838.23 | 784036.46 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 61
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
MR ALFRED E ANDING

Mailing Address 4921 TONYAWATHA TRL

City State Zip Code
MONONA WI 53716

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.65309

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
DOROTHY K ANDRIST

Mailing Address 26 PEARL ST

City State Zip Code
GLOVERSVILLE NY 12078

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

Transaction ID: SA11AI.64046

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR J W ARNOLD

Mailing Address PO BOX 6566

City State Zip Code
TYLER TX 75711

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

Name of Employer SELF EMPLOYED Occupation OIL & GAS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.64598

Amount of Each Receipt this Period
100.00

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 7 / 61
(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)
HAROLD B ATKINSON, JR

Mailing Address W C B R-250 PANTOPS MT RD
C L 2214

City State Zip Code
CHARLOTTESVILLE VA 22911

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

Transaction ID: SA11AI.64497

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
HAROLD B ATKINSON, JR

Mailing Address W C B R-250 PANTOPS MT RD
C L 2214

City State Zip Code
CHARLOTTESVILLE VA 22911

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
324.00

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

Transaction ID: SA11AI.64498

Amount of Each Receipt this Period
100.00

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

Mailing Address 52 VIA DEL SOL

City State Zip Code
SOLVANG CA 93463

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 ▼
380.00

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

Transaction ID: SA11AI.63765

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) 175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 61

(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 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 ▼ 455.00

Date of Receipt

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

Transaction ID: SA11AI.64043

Amount of Each Receipt this Period
150.00

B.

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

Mailing Address 6309 BURNHAM CIR
APT 203

City State Zip Code
INVER GROVE HEIGHT MN 55076

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt

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

Transaction ID: SA11AI.64994

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 14 CASA VERDE

City State Zip Code
LAKEWAY TX 78734

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 |
| 1 | 2 | / | 0 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11AI.63950

Amount of Each Receipt this Period
20.00

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: (check only one) | PAGE 9 / 61 |
| | <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 DAVID F BIRMINGHAM | | Date of Receipt |
| | Mailing Address 2115 GREENWICH CIRCLE E | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 9 / 2 0 0 6 |
| | City | State | Zip Code |
| | COLORADO SPRINGS | CO | 80909 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.64437 |
| Name of Employer | | Occupation | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 140.00 |
| | | <input type="text"/> 270.00 | |

| | | | |
|---|---|-----------------------------|--|
| B. | Full Name (Last, First, Middle Initial) MRS MARY E BISSETTE | | Date of Receipt |
| | Mailing Address 2542 VIRGINIA RD | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 0 / 2 0 0 6 |
| | City | State | Zip Code |
| | EDENTON | NC | 27932 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.63864 |
| Name of Employer N/A | | 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"/> 75.00 |
| | | <input type="text"/> 329.00 | |

| | | | |
|---|---|-----------------------------|--|
| C. | Full Name (Last, First, Middle Initial) MS RUTH BOIME | | Date of Receipt |
| | Mailing Address 8 SENECCA DR | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 8 / 2 0 0 6 |
| | City | State | Zip Code |
| | MASSAPEQUA | NY | 11758 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.63873 |
| 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"/> 281.00 | |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 250.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 61
(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 FUMIE BOYCE

Mailing Address 332 THUNDERBIRD CT S E

City State Zip Code
LACEY WA 98503

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
635.00

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

Transaction ID: SA11AI.64068

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR RICHARD BRAND

Mailing Address 2308 N NORTHWAY AVE

City State Zip Code
TUCSON AZ 85716

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.00

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

Transaction ID: SA11AI.64306

Amount of Each Receipt this Period
25.00

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

Mailing Address 6224 SHADOW OAK DR

City State Zip Code
NORTH LAS VEGAS NV 89031

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

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

Transaction ID: SA11AI.63964

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► **540.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 61
(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 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 ▼ 569.00

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

Transaction ID: SA11AI.64610

Amount of Each Receipt this Period
35.00

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 ▼ 709.00

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

Transaction ID: SA11AI.64611

Amount of Each Receipt this Period
140.00

C. Full Name (Last, First, Middle Initial)
MR MAX BUCHMILLER

Mailing Address 8954 CHERRY AVE

City State Zip Code
ORANGEVALE CA 95662

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 ▼ 290.00

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

Transaction ID: SA11AI.64111

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 61
(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 DOROTHY BURLESON

Mailing Address 6110 VICTOR ST

City State Zip Code
DALLAS TX 75214

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
207.00

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

Transaction ID: SA11AI.64116

Amount of Each Receipt this Period
20.00

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
304.00

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

Transaction ID: SA11AI.64177

Amount of Each Receipt this Period
35.00

C. 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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
364.00

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

Transaction ID: SA11AI.64178

Amount of Each Receipt this Period
60.00

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 13 / 61
(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)
BYRNECE CAMPBELL

Mailing Address 1421 S W 78TH TER

City State Zip Code
OKLAHOMA CITY OK 73159

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.00

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

Transaction ID: SA11AI.64463

Amount of Each Receipt this Period
35.00

B. 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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: SA11AI.63893

Amount of Each Receipt this Period
75.00

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 ▼
931.00

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

Transaction ID: SA11AI.63949

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **145.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 61
(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 CHARLES CHANDLER

Mailing Address 17528 CHANDLER LN

City State Zip Code
BAKER CITY OR 97814

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11AI.64747

Amount of Each Receipt this Period
100.00

B. 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 Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
804.00

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

Transaction ID: SA11AI.63942

Amount of Each Receipt this Period
35.00

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 ▼
287.00

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

Transaction ID: SA11AI.64078

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **160.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 61
(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 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 ▼
317.00

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

Transaction ID: SA11AI.64079

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
MS FRANCES CULLOM

Mailing Address 2515 SPRING HILL DR

City State Zip Code
ASHLAND OR 97520

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

Transaction ID: SA11AI.64811

Amount of Each Receipt this Period
136.00

C. Full Name (Last, First, Middle Initial)
MR MARSHALL CUSICK

Mailing Address PO BOX 414

City State Zip Code
MINNEOLA KS 67865

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

Transaction ID: SA11AI.64846

Amount of Each Receipt this Period
53.00

SUBTOTAL of Receipts This Page (optional) ► **219.00**

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 16 / 61 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) MR JOSEPH DANKO | Date of Receipt |
| | Mailing Address 11216 SHANNONDELL DR | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 2 / 2 0 0 6 |
| | City State Zip Code AUDUBON PA 19403 | Transaction ID: SA11AI.64692 |
| | FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> | Amount of Each Receipt this Period <input type="text"/> 35.00 |
| | Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 300.00 | |

| | | |
|-----------|--|--|
| B. | Full Name (Last, First, Middle Initial) MR JOSEPH DANKO | Date of Receipt |
| | Mailing Address 11216 SHANNONDELL DR | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 8 / 2 0 0 6 |
| | City State Zip Code AUDUBON PA 19403 | Transaction ID: SA11AI.64693 |
| | FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> | Amount of Each Receipt this Period <input type="text"/> 10.00 |
| | Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 310.00 | |

| | | |
|-----------|---|--|
| C. | Full Name (Last, First, Middle Initial) MR LESTER DOREMIRE | Date of Receipt |
| | Mailing Address R R 1 BOX 138 | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 8 / 2 0 0 6 |
| | City State Zip Code CHALMERS IN 47929 | Transaction ID: SA11AI.63872 |
| | FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> | Amount of Each Receipt this Period <input type="text"/> 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 ▼ <input type="text"/> 815.00 | |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 145.00 |
| 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 17 / 61
(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 SUZANNE F DUNBAR

Mailing Address 3500 DAVIS LANE

City State Zip Code
CINCINNATI OH 45237

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

Name of Employer Occupation
VOLUNTEER NURSE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 313.00

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

Transaction ID: SA11AI.64621

Amount of Each Receipt this Period
113.00

B. Full Name (Last, First, Middle Initial)
MR SCOTT DUNCAN

Mailing Address 12200 S DOROTHY DR

City State Zip Code
YUMA AZ 85367

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
1 2 / 2 9 / 2 0 0 6

Transaction ID: SA11AI.64482

Amount of Each Receipt this Period
75.00

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

Mailing Address 5027 RIVER POINT RD

City State Zip Code
JACKSONVILLE FL 32207

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

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

Transaction ID: SA11AI.64966

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **288.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 61 |
| | <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 ROBERT J EICHENBERG | | Date of Receipt |
| | Mailing Address 1 COLLINS ISLAND | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 8 / 2 0 0 6 |
| | City | State | Zip Code |
| | NEWPORT BEACH | CA | 92662 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.64470 |
| Name of Employer ELISON INC | | Occupation CO-OWNER | 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 ▼ 1500.00 | <input type="text"/> 500.00 |

| | | | |
|---|---|------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) DAVE FATCH | | Date of Receipt |
| | Mailing Address 826 DORA AVE | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 5 / 2 0 0 6 |
| | City | State | Zip Code |
| | UKIAH | CA | 95482 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.64122 |
| Name of Employer | | Occupation | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 222.00 | <input type="text"/> 35.00 |

| | | | |
|---|---|------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) MRS FRANCES FEDORA | | Date of Receipt |
| | Mailing Address 17822 ACACIA DR | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 9 / 2 0 0 6 |
| | City | State | Zip Code |
| | NORTH FORT MYERS | FL | 33917 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.63725 |
| Name of Employer | | Occupation | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 271.00 | <input type="text"/> 35.00 |

| | |
|--|--------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 570.00 |
| 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 19 / 61
(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 RUTH FERNANDES

Mailing Address 1717 NORFOLK AVE APT 1219

City LUBBOCK State TX Zip Code 79416

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 261.00

Date of Receipt: 12 / 18 / 2006
Transaction ID: SA11AI.64332
 Amount of Each Receipt this Period: 75.00

B. Full Name (Last, First, Middle Initial)
MISS RUTH FERNANDES

Mailing Address 1717 NORFOLK AVE APT 1219

City LUBBOCK State TX Zip Code 79416

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 338.00

Date of Receipt: 12 / 28 / 2006
Transaction ID: SA11AI.64333
 Amount of Each Receipt this Period: 77.00

C. Full Name (Last, First, Middle Initial)
F LAVINIA FOGLE

Mailing Address 6217 MALCOLM DR

City DALLAS State TX Zip Code 75214

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: 12 / 07 / 2006
Transaction ID: SA11AI.63783
 Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ► 187.00

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 / 61
(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 SYLVIA FRASE

Mailing Address 4415 COLEBROOKE LN S E

City LACEY State WA Zip Code 98513

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt: 12 / 28 / 2006
Transaction ID: SA11AI.63957
 Amount of Each Receipt this Period: 106.00

B. Full Name (Last, First, Middle Initial)
MRS BILLY FRICK

Mailing Address 3100 CONNECTICUT AVE

City NAPLES State FL Zip Code 34112

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 219.00

Date of Receipt: 11 / 28 / 2006
Transaction ID: SA11AI.65123
 Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
MRS BILLY FRICK

Mailing Address 3100 CONNECTICUT AVE

City NAPLES State FL Zip Code 34112

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 239.00

Date of Receipt: 12 / 28 / 2006
Transaction ID: SA11AI.65124
 Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ► 146.00

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 / 61

(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 FRED GARRETT

Mailing Address 321 S PALMERS CHAPEL RD

City State Zip Code
COTTONTOWN TN 37048

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
1 2 / 2 8 / 2 0 0 6

Transaction ID: SA11AI.64005

Amount of Each Receipt this Period
35.00

B.

Full Name (Last, First, Middle Initial)
MR JOHN L GARRETT

Mailing Address 3546 E YALE ST

City State Zip Code
PHOENIX AZ 85008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
263.00

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

Transaction ID: SA11AI.64742

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
MR NELSON GEMMEM

Mailing Address 11516 68TH AVE

City State Zip Code
ALLENDALE MI 49401

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
1 2 / 0 4 / 2 0 0 6

Transaction ID: SA11AI.64041

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **170.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MR EDWARD L GIOMI

Mailing Address 508 BARRINGTON AVE

City EAST DUNDEE State IL Zip Code 60118

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 ▼ 240.00

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

Transaction ID: SA11AI.63753

Amount of Each Receipt this Period
20.00

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

Mailing Address 2101 N KENSINGTON WAY

City HANFORD State CA Zip Code 93230

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 357.00

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

Transaction ID: SA11AI.63989

Amount of Each Receipt this Period
106.00

C. Full Name (Last, First, Middle Initial)
MS MARGARET GRAY

Mailing Address 1055 ADAMS CIR #1223

City BOULDER State CO Zip Code 80303

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 203.00

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

Transaction ID: SA11AI.63718

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **161.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 61

(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 MARGARET GRAY

Mailing Address 1055 ADAMS CIR #1223

City State Zip Code
BOULDER CO 80303

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt

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

Transaction ID: SA11AI.63719

Amount of Each Receipt this Period
35.00

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

Mailing Address 3106 FLORAL BLVD

City State Zip Code
BUTTE MT 59701

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt

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

Transaction ID: SA11AI.64961

Amount of Each Receipt this Period
50.00

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

Mailing Address 3106 FLORAL BLVD

City State Zip Code
BUTTE MT 59701

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt

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

Transaction ID: SA11AI.64962

Amount of Each Receipt this Period
35.00

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 24 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DR JAMES W GROSSNICKLE

Mailing Address 228 NE ALICE ST

City State Zip Code
JENSEN BEACH FL 34957

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
1 2 / 2 8 / 2 0 0 6

Transaction ID: SA11AI.64805

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS BEVERLY HAKES

Mailing Address 174 CARROLL ST

City State Zip Code
PORT JEFFERSON STA NY 11776

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
1 2 / 2 7 / 2 0 0 6

Transaction ID: SA11AI.63991

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MS BEVERLY HAKES

Mailing Address 174 CARROLL ST

City State Zip Code
PORT JEFFERSON STA NY 11776

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

Transaction ID: SA11AI.63992

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► 275.00

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 / 61
(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 HANNING

Mailing Address 12240 MARI LN

City State Zip Code
MINNETONKA MN 55305

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
1 2 / 2 2 / 2 0 0 6

Transaction ID: SA11AI.64249

Amount of Each Receipt this Period
100.00

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

Mailing Address 3517 H AVE

City State Zip Code
ANACORTES WA 98221

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
241.00

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

Transaction ID: SA11AI.64153

Amount of Each Receipt this Period
20.00

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

Mailing Address 1615 YAUGER RD APT A14

City State Zip Code
MOUNT VERNON OH 43050

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.00

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

Transaction ID: SA11AI.64188

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **145.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 61
(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 DONALD E HIGHLAND

Mailing Address 251 S OLDS BLVD APT 107F

City State Zip Code
FAIRLESS HILLS PA 19030

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

Name of Employer Occupation
SAMS CLUB MAINTENANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 353.00

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

Transaction ID: SA11AI.64466

Amount of Each Receipt this Period
35.00

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

Mailing Address 106 SUNSHINE HILL ST #201

City State Zip Code
SPRUCE PINE NC 28777

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 339.00

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

Transaction ID: SA11AI.63881

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
MR TERRELL HOOPER

Mailing Address P O BOX 1692

City State Zip Code
CONROE TX 77305

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

Transaction ID: SA11AI.64964

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **170.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 61
(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 ▼ 341.00

Date of Receipt 12 / 11 / 2006
Transaction ID: SA11AI.63759
Amount of Each Receipt this Period 15.00

B. 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 ▼ 345.00

Date of Receipt 12 / 28 / 2006
Transaction ID: SA11AI.64030
Amount of Each Receipt this Period 108.00

C. Full Name (Last, First, Middle Initial)
MR RAYMOND JOHNSON

Mailing Address PO BOX 613

City Emmett State ID Zip Code 83617

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 12 / 28 / 2006
Transaction ID: SA11AI.63669
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 173.00

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 / 61
(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 HILDA JUDD

Mailing Address P O BOX 50153
801 PARK LANE

City State Zip Code
SANTA BARBARA CA 93150

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.00

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

Transaction ID: SA11AI.64156

Amount of Each Receipt this Period
73.00

B. Full Name (Last, First, Middle Initial)
MRS ROSEMARY JUNGBLUT

Mailing Address 3400 WAGNER HTS RD APT 244

City State Zip Code
STOCKTON CA 95209

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

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

Transaction ID: SA11AI.64383

Amount of Each Receipt this Period
35.00

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

Mailing Address 5310 HIGHWAY 65

City State Zip Code
CHILLICOTHE MO 64601

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

Name of Employer Occupation
SELF FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
673.00

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

Transaction ID: SA11AI.63699

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **143.00**

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 / 61
(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 JOSEPH W KERRIGAN

Mailing Address 7807 GOVERNOR PRINTZ BLVD
#216

City State Zip Code
CLAYMONT DE 19703

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
391.00

Date of Receipt

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

Transaction ID: SA11AI.64192

Amount of Each Receipt this Period
35.00

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

Mailing Address 1725 89TH PL N E

City State Zip Code
CLYDE HILL WA 98004

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
411.00

Date of Receipt

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

Transaction ID: SA11AI.64010

Amount of Each Receipt this Period
70.00

C. Full Name (Last, First, Middle Initial)
MS LORETTA KOGUT

Mailing Address 434 E 58TH ST

City State Zip Code
NEW YORK NY 10022

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
207.00

Date of Receipt

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

Transaction ID: SA11AI.64047

Amount of Each Receipt this Period
15.00

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 30 / 61
(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 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 ▼ 390.00

Date of Receipt: 12 / 29 / 2006
Transaction ID: SA11AI.63943
 Amount of Each Receipt this Period: 50.00

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 ▼ 354.00

Date of Receipt: 12 / 29 / 2006
Transaction ID: SA11AI.63766
 Amount of Each Receipt this Period: 25.00

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

Mailing Address 645 NEIL AVE APT 1023

City COLUMBUS State OH Zip Code 43215

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 01 / 2006
Transaction ID: SA11AI.64074
 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 31 / 61
(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 PHILIP MALONEY
Mailing Address P O BOX 5933
City CAREFREE State AZ Zip Code 85377
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 243.00
Date of Receipt 12 / 04 / 2006
Transaction ID: SA11AI.63969
Amount of Each Receipt this Period 35.00

B. Full Name (Last, First, Middle Initial)
MR DOUGLAS H MANNING
Mailing Address P O BOX 773
City YOAKUM State TX Zip Code 77995
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 ▼ 420.00
Date of Receipt 12 / 28 / 2006
Transaction ID: SA11AI.64335
Amount of Each Receipt this Period 35.00

C. Full Name (Last, First, Middle Initial)
MS ROSEANNA MAUST
Mailing Address 1410 BARCLAY RD
City BARCLAY State MD Zip Code 21607
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 12 / 29 / 2006
Transaction ID: SA11AI.64200
Amount of Each Receipt this Period 77.00

SUBTOTAL of Receipts This Page (optional) ► 147.00
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 / 61
(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)
TRUTH M MAY

Mailing Address 433 SYLVAN AVE SPC 139

City State Zip Code
MOUNTAIN VIEW CA 94041

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

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

Transaction ID: SA11AI.64409

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
MR GUY MCBRIDE

Mailing Address 2615 OAK DR UNIT 13

City State Zip Code
LAKEWOOD CO 80215

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

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

Transaction ID: SA11AI.64722

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
MR GUY MCBRIDE

Mailing Address 2615 OAK DR UNIT 13

City State Zip Code
LAKEWOOD CO 80215

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 ▼
360.00

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

Transaction ID: SA11AI.64723

Amount of Each Receipt this Period
35.00

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

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

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

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

FOR LINE NUMBER: PAGE 33 / 61

(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)
LINDA G MILLER

Mailing Address 4581 PORTAGE TRL

City State Zip Code
MELBOURNE FL 32940

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.00

Date of Receipt

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

Transaction ID: SA11AI.63743

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)
LINDA G MILLER

Mailing Address 4581 PORTAGE TRL

City State Zip Code
MELBOURNE FL 32940

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
241.00

Date of Receipt

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

Transaction ID: SA11AI.63744

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)
MRS SUSAN R MOORE

Mailing Address 499 N W HARRIS LAKE DR

City State Zip Code
LAKE CITY FL 32055

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
226.00

Date of Receipt

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

Transaction ID: SA11AI.64186

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 34 / 61
(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 J SHIRLEY NAGY

Mailing Address 919 109TH AVE N E APT 908

City State Zip Code
BELLEVUE WA 98004

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
213.00

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

Transaction ID: SA11AI.63780

Amount of Each Receipt this Period
38.00

B. Full Name (Last, First, Middle Initial)
MR GEORGE NASWORTHY

Mailing Address 4312 FLEET LANDING BLVD

City State Zip Code
ATLANTIC BEACH FL 32233

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.00

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

Transaction ID: SA11AI.64404

Amount of Each Receipt this Period
51.00

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

Mailing Address 9396 SPARKS WAY

City State Zip Code
SACRAMENTO CA 95827

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

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

Transaction ID: SA11AI.64884

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **109.00**

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 / 61
(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 ▼ 600.00
Date of Receipt 12 / 20 / 2006
Transaction ID: SA11AI.63944
Amount of Each Receipt this Period 161.00

B. 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 ▼ 294.00
Date of Receipt 11 / 28 / 2006
Transaction ID: SA11AI.64048
Amount of Each Receipt this Period 29.00

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 ▼ 321.00
Date of Receipt 12 / 29 / 2006
Transaction ID: SA11AI.64049
Amount of Each Receipt this Period 27.00

SUBTOTAL of Receipts This Page (optional) ▶ 217.00
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 / 61
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
CAPT GEORGE OCHS
Mailing Address 1141 HUS DR APT 105
City State Zip Code
WATERTOWN WI 53098
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
US AIR FORCE OFFICER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 345.00
Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 6
Transaction ID: SA11AI.64089
Amount of Each Receipt this Period 35.00

B. Full Name (Last, First, Middle Initial)
CAPT GEORGE OCHS
Mailing Address 1141 HUS DR APT 105
City State Zip Code
WATERTOWN WI 53098
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
US AIR FORCE OFFICER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 380.00
Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6
Transaction ID: SA11AI.64090
Amount of Each Receipt this Period 35.00

C. Full Name (Last, First, Middle Initial)
CAPT GEORGE OCHS
Mailing Address 1141 HUS DR APT 105
City State Zip Code
WATERTOWN WI 53098
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
US AIR FORCE OFFICER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 415.00
Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6
Transaction ID: SA11AI.64091
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 37 / 61
(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 VINCE OWEN

Mailing Address 6192 APACHE RD

City State Zip Code
WESTMINSTER CA 92683

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
271.00

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

Transaction ID: SA11AI.63968

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MRS ANNA W PECKHAM

Mailing Address 4000 FLYNN ST SPC 108

City State Zip Code
BELLINGHAM WA 98229

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.00

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

Transaction ID: SA11AI.63757

Amount of Each Receipt this Period
25.00

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

Mailing Address 5 ATLANTIC ST

City State Zip Code
EAST HAMPTON NY 11937

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.39

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

Transaction ID: SA11AI.65150

Amount of Each Receipt this Period
10.00

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 38 / 61
(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 JOANNE PARKER PERRY

Mailing Address 5 ATLANTIC ST

City EAST HAMPTON State NY Zip Code 11937

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 232.39

Date of Receipt: 12 / 28 / 2006
Transaction ID: SA11AI.65151
 Amount of Each Receipt this Period: 16.00

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

Mailing Address 1126 PLANTZ RD

City DEERFIELD State WI Zip Code 53531

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: 12 / 28 / 2006
Transaction ID: SA11AI.64780
 Amount of Each Receipt this Period: 35.00

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

Mailing Address 1126 PLANTZ RD

City DEERFIELD State WI Zip Code 53531

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: 12 / 29 / 2006
Transaction ID: SA11AI.64781
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 76.00

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 / 61

(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 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 ▼ 636.00

Date of Receipt

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

Transaction ID: SA11AI.63790

Amount of Each Receipt this Period

200.00

B.

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

Mailing Address 1226 GOODWIN AVE

City State Zip Code
CHARLOTTE NC 28205

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.63738

Amount of Each Receipt this Period

140.00

C.

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

Mailing Address 5240 W COUNTY ROAD 56

City State Zip Code
LAPORTE CO 80535

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 359.00

Date of Receipt

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

Transaction ID: SA11AI.64158

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

365.00

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 / 61
(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 RALPH PRUENTE

Mailing Address 710 HIGHWAY 23 S

City State Zip Code
EUREKA SPRINGS AR 72632

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.00

Date of Receipt
MM / DD / YYYY
12 / 28 / 2006

Transaction ID: SA11AI.64929

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
DR THOMAS PURDON

Mailing Address 706 E BENT BRANCH PL

City State Zip Code
GREEN VALLEY AZ 85614

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

Name of Employer Occupation
DOCTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2006

Transaction ID: SA11AI.64245

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 4306 SALEM TOWNE DR

City State Zip Code
WINSTON SALEM NC 27106

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
271.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2006

Transaction ID: SA11AI.64345

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 41 / 61
(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 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 ▼ 365.00

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

Transaction ID: SA11AI.64016

Amount of Each Receipt this Period
35.00

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

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 ▼ 4350.00

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

Transaction ID: SA11AI.63875

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MS MABEL P SHIELDS

Mailing Address 5955 HICKORY GROVE RD

City State Zip Code
GREENSBORO NC 27409

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 254.00

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

Transaction ID: SA11AI.64259

Amount of Each Receipt this Period
50.00

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 42 / 61

(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 MABEL P SHIELDS

Mailing Address 5955 HICKORY GROVE RD

City State Zip Code
GREENSBORO NC 27409

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
274.00

Date of Receipt

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

Transaction ID: SA11AI.64260

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)
MR JOHN ANSON SMITH

Mailing Address PO BOX 2709

City State Zip Code
NAPLES FL 34106

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 ▼
285.00

Date of Receipt

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

Transaction ID: SA11AI.64141

Amount of Each Receipt this Period

35.00

C.

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

Mailing Address 555 5TH AVE N E PH 2

City State Zip Code
SAINT PETERSBURG FL 33701

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 ▼
600.00

Date of Receipt

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

Transaction ID: SA11AI.64473

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) ▶

355.00

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 / 61
(check only one)

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

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

A.

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

Mailing Address 811 MORNINGSIDE DR

City State Zip Code
FULLERTON CA 92835

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 Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: SA11AI.64905

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
MRS LIDA P SUTTLES

Mailing Address 4882 POST OAK TIMBER DR

City State Zip Code
HOUSTON TX 77056

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
1 2 / 0 4 / 2 0 0 6

Transaction ID: SA11AI.64575

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
MRS DORIS M SYMONDS

Mailing Address 1715 W PRARIE ST APT 114

City State Zip Code
CRESTON IA 50801

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
1 2 / 2 8 / 2 0 0 6

Transaction ID: SA11AI.64354

Amount of Each Receipt this Period
38.00

SUBTOTAL of Receipts This Page (optional) ► **258.00**

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 44 / 61
(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 MAX THELEN, JR

Mailing Address 200 DEER VALLEY RD # 3G

City State Zip Code
SAN RAFAEL CA 94903

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
1 2 / 2 8 / 2 0 0 6

Transaction ID: SA11AI.65186

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
MRS FRANCES L TORGERSON

Mailing Address 225 RIVERSIDE AVE NE

City State Zip Code
MCINTOSH MN 56556

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 ▼
315.00

Date of Receipt

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

Transaction ID: SA11AI.64148

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)
EDITH TRAWINSKI

Mailing Address 16 BOUTON ST E APT 10

City State Zip Code
STAMFORD CT 06907

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt

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

Transaction ID: SA11AI.64648

Amount of Each Receipt this Period

35.00

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: (check only one) | PAGE 45 / 61 |
| | <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) RODNEY B TRIMBLE | | Date of Receipt |
| | Mailing Address 601 MARSHALL | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 8 / 2 0 0 6 |
| | City | State | Zip Code |
| | HOUSTON | TX | 77006 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.64941 |
| Name of Employer | | Occupation | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 35.00 |
| | | <input type="text"/> 210.00 | |

| | | | |
|---|---|-----------------------------|---|
| B. | Full Name (Last, First, Middle Initial) MR GEORGE TURNBULL | | Date of Receipt |
| | Mailing Address 7260 NIXON DR | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 9 / 2 0 0 6 |
| | City | State | Zip Code |
| | RIVERSIDE | CA | 92504 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.64024 |
| Name of Employer | | Occupation | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 25.00 |
| | | <input type="text"/> 230.00 | |

| | | | |
|---|---|-----------------------------|---|
| C. | Full Name (Last, First, Middle Initial) MR PAUL D VEACH | | Date of Receipt |
| | Mailing Address 729 GREEN COVE LN | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 8 / 2 0 0 6 |
| | City | State | Zip Code |
| | DALLAS | TX | 75232 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.64303 |
| Name of Employer N/A | | 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"/> 256.00 | |

| | |
|--|----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 85.00 |
| 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 46 / 61

(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 Occupation
N/A RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 406.00

Date of Receipt

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

Transaction ID: SA11AI.63922

Amount of Each Receipt this Period
100.00

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 ▼ 478.00

Date of Receipt

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

Transaction ID: SA11AI.63937

Amount of Each Receipt this Period
35.00

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 ▼ 558.00

Date of Receipt

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

Transaction ID: SA11AI.63938

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional) ▶

215.00

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 / 61
(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 ▼ 392.00

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

Transaction ID: SA11AI.64397

Amount of Each Receipt this Period
15.00

B. 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 RETIRED Occupation ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

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

Transaction ID: SA11AI.64553

Amount of Each Receipt this Period
50.00

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 NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: SA11AI.63945

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 115.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 61
(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)
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 ▼
280.00

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

Transaction ID: SA11AI.63959

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 ▼
1217.00

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

Transaction ID: SA11AI.63711

Amount of Each Receipt this Period
35.00

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

Mailing Address 4461 STACK BLVD APT E130

City State Zip Code
MELBOURNE FL 32901

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1318.00

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

Transaction ID: SA11AI.63712

Amount of Each Receipt this Period
101.00

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 49 / 61
(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 BETTY WOLFE

Mailing Address 1600 TEXAS ST APT 1611

City State Zip Code
FORT WORTH TX 76102

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

Transaction ID: SA11AI.65048

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR TIM WORD

Mailing Address P O BOX 310330

City State Zip Code
NEW BRAUNFELS TX 78131

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

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

Transaction ID: SA11AI.63775

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
HAROLD A YOUNG

Mailing Address 1425 BELLEAIRE ST

City State Zip Code
OCEANSIDE CA 92054

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 261.00

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

Transaction ID: SA11AI.64310

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) ► 9245.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | | |
|-----------|---|---|---|
| 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 - 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.63654 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6 | Amount of Each Disbursement this Period 500.00 |
| 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 REIMB - POSTAGE, OFFICE SUPPLIES, MEALS 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.63656 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6 | Amount of Each Disbursement this Period 647.61 |
| 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 REIMB - MEALS & TRAVEL 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.63657 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6 | Amount of Each Disbursement this Period 123.99 |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 1271.60 |
| 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) MR ALLEN BRANDSTATER <hr/> Mailing Address 1241 OAK CIRCLE DRIVE <hr/> City GLENDALE State CA Zip Code 91208 <hr/> Purpose of Disbursement CONSULTING - MANAGEMENT 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.63655 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6 |
| | Amount of Each Disbursement this Period 300.00 |
| | Category/ Type 001 |
| | 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 <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement AGENCY FEE 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.63646 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6 |
| | Amount of Each Disbursement this Period 8780.22 |
| | 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) CAMPAIGN FUNDING DIRECT <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement AGENCY FEE 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.63647 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6 |
| | Amount of Each Disbursement this Period 4100.85 |
| | Category/ Type 003 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

13181.07

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.63648 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 1420 SPRING HILL RD STE 490 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</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 | 1 | 2 | | 1 | 8 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 1 | 8 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement AGENCY FEE Candidate Name | <table border="1"><tr><td>1783.44</td></tr></table> | 1783.44 | | | | | | | | | | | | | | | | | | |
| 1783.44 | | | | | | | | | | | | | | | | | | | | | |
| | 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) ▼ | | | | | | | | | | | | | | | | | | | |
| | | 003 Category/ Type | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B. | Full Name (Last, First, Middle Initial) EBERLE COMMUNICATIONS GROUP | Transaction ID: SB21B.63649 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 1420 SPRING HILL ROAD, SUITE 490 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 1 | 2 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 1 | 2 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement COMPUTER - POSTAL Candidate Name | <table border="1"><tr><td>697.53</td></tr></table> | 697.53 | | | | | | | | | | | | | | | | | | |
| 697.53 | | | | | | | | | | | | | | | | | | | | | |
| | 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) ▼ | | | | | | | | | | | | | | | | | | | |
| | | 003 Category/ Type | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C. | Full Name (Last, First, Middle Initial) ECG DATA CENTER | Transaction ID: SB21B.63650 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 1420 SPRING HILL RD STE 490 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>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 | 1 | 2 | | 1 | 1 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 1 | 1 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement COMPUTER - LIST MAINTENANCE Candidate Name | <table border="1"><tr><td>1857.18</td></tr></table> | 1857.18 | | | | | | | | | | | | | | | | | | |
| 1857.18 | | | | | | | | | | | | | | | | | | | | | |
| | 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) ▼ | | | | | | | | | | | | | | | | | | | |
| | | 001 Category/ Type | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>4338.15</td></tr></table> | 4338.15 |
| 4338.15 | | |
| 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)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) SMOKEHOUSE RESTAURANT Mailing Address 4420 LAKESIDE DR City BURBANK State CA Zip Code 91502 Purpose of Disbursement ANNUAL BOARD DINNER 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.63664 Date of Disbursement 12 / 13 / 2006 Amount of Each Disbursement this Period 363.34 001 Category/ Type |
| B. | Full Name (Last, First, Middle Initial) JOHN PHILIP SOUSA Mailing Address 145 WATERVILLE ROAD City FARMINGTON State CT Zip Code 06032 Purpose of Disbursement REIMB - AIR TRAVEL & HOTEL 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.63662 Date of Disbursement 12 / 14 / 2006 Amount of Each Disbursement this Period 600.00 002 Category/ Type |
| C. | Full Name (Last, First, Middle Initial) US POSTMASTER Mailing Address 2100 MONTROSE AVE City MONTROSE State CA Zip Code 91204 Purpose of Disbursement BRM POSTAGE DEPOSIT 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.63652 Date of Disbursement 12 / 27 / 2006 Amount of Each Disbursement this Period 5500.00 003 Category/ Type |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6463.34 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 55 / 61

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) WELLS FARGO BANK | | Transaction ID: SB21B.63658 | |
| | Mailing Address PO BOX 5247 | | Date of Disbursement 12 / 19 / 2006 | |
| City DENVER | | State CO | Zip Code 80274 | |
| Purpose of Disbursement ACCOUNT SERVICE CHARGE (4TH QTR) | | 001 Category/ Type | | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: District: | | |

Amount of Each Disbursement this Period
30.00

| | | | | |
|---|---|--|--|--|
| B. | Full Name (Last, First, Middle Initial) ZIP MAILING SERVICES, INC. | | Transaction ID: SB21B.63653 | |
| | Mailing Address 288 HANLEY INDUSTRIAL CT | | Date of Disbursement 12 / 11 / 2006 | |
| City ST LOUIS | | State MO | Zip Code 63144 | |
| Purpose of Disbursement POSTAGE - MAILHOUSE | | 003 Category/ Type | | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | State: District: | | |

Amount of Each Disbursement this Period
704.14

SUBTOTAL of Disbursements This Page (optional)

734.14

TOTAL This Period (last page this line number only)

30838.23

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

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

FOR LINE NUMBER:
(check only one)

PAGE 56 / 61

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|--|
| <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: SB26.63666 |
| | Mailing Address 1241 OAK CIRCLE DRIVE | Date of Disbursement 12 / 16 / 2006 |
| | City GLENDALE State CA Zip Code 91208 | Amount of Each Disbursement this Period 500.00 |
| | Purpose of Disbursement LOAN REPAYMENT Candidate Name | 009 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: SB26.66079 |
| | Mailing Address 1241 OAK CIRCLE DRIVE | Date of Disbursement 12 / 29 / 2006 |
| | City GLENDALE State CA Zip Code 91208 | Amount of Each Disbursement this Period 200.00 |
| | Purpose of Disbursement LOAN REPAYMENT Candidate Name | 009 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) ▶

700.00

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

700.00

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 | 3000.00 | 0.00 |

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) | <input type="text" value="0.00"/> |
| TOTALS This Period (last page in this line only) | <input type="text" value="0.00"/> |

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 AAI |
| Mailing Address 1328 CHARWOOD ROAD | | | |
| City HANOVER | State MD | ZIP Code 21076 | |

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

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

| | | | |
|---|---------------------------------|---|--|
| Outstanding Balance Beginning This Period 45308.43 | | Transaction ID: SD10.11517 | |
| Amount Incurred This Period 0.00 | Payment This Period 14664.51 | Outstanding Balance at Close of This Period 30643.92 | |

| | | | |
|--|-------------|-------------------|--|
| C. 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 | |

| | |
|--|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | 64953.79 |
| 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 CP DIRECT | | | Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR AAI |
| Mailing Address 1420 SPRING HILL ROAD, SUITE 490 | | | |
| City MCLEAN | State VA | ZIP Code 22102 | |

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

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

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

| | | | |
|--|-------------|-------------------|--|
| C. 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 MCLEAN | State VA | ZIP Code 22102 | |

| | | | |
|--|---|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="14646.48"/> | | Transaction ID: SD10.11519 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="3485.01"/> | Outstanding Balance at Close of This Period <input type="text" value="11161.47"/> | |

| | |
|--|---------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="27337.77"/> |
| 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 ELECTRONIC REPORTING SYSTEMS, INC. | | | Nature of Debt (Purpose): ELECTRONIC DISCLOSURE REP- ORTING |
| Mailing Address 1155 - 15TH ST, NW SUITE 614 | | | |
| City | State | ZIP Code | |
| WASHINGTON | DC | 20005 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: SD10.63660 | |
| 0.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 6387.80 | 1500.00 | 4887.80 | |

| | | | |
|--|-------|----------|--|
| 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 | | Transaction ID: SD10.40717 | |
| 2585.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 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 | | Transaction ID: SD10.40719 | |
| 3113.25 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 0.00 | 3113.25 | |

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 10586.05 |
| 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 OMEGA LIST COMPANY | Nature of Debt (Purpose): LIST RENTALS |
| Mailing Address 1420 SPRING HILL RD STE 490 | |
| City State ZIP Code MCLEAN VA 22102 | |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period 35745.58 | Transaction ID: SD10.11521 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 35745.58 |

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

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 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 |

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

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

| | |
|--|------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 50724.88 |
| 2) TOTALS This Period (last page this line number only)..... | 153602.49 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | 153602.49 |