

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 25 2008 through 12 31 2008

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 07 30 2009

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

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		2470.13
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	2744.00									
(c) Total Receipts (from Line 19)	6136.91	199956.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8880.91	202426.23								
7. Total Disbursements (from Line 31)	8187.45	201732.77								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	693.46	693.46								
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)	5944.88									

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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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		
(i) Itemized (use Schedule A)	550.00	25158.00
(ii) Unitemized	500.00	120787.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1050.00	145945.66
(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)	1050.00	145945.66
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)	900.77	3703.38
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	4186.14	50307.06
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))	6136.91	199956.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6136.91	199956.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	8187.45	196732.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	8187.45	196732.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	5000.00
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))..	8187.45	201732.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8187.45	201732.77

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	1050.00	145945.66
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1050.00	145945.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8187.45	196732.77
37. Offsets to Operating Expenditures (from Line 15, page 3)	900.77	3703.38
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7286.68	193029.39

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 14
	(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 WILLIAM T HUSTON 900		Date of Receipt																					
Mailing Address 545 S FIGUEROA ST # 1228		<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>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		1	5		2	0	0	8														
City State Zip Code LOS ANGELES CA 90071		Transaction ID: SA11AI.53158																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer NONE		Occupation RETIRED																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																					
		500.00																					

B.

Full Name (Last, First, Middle Initial) MR EDWIN SKURDAL 640		Date of Receipt																					
Mailing Address 1418 W STONE BLVD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		0	8		2	0	0	8														
City State Zip Code RAYMORE MO 64083		Transaction ID: SA11AI.53141																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer		Occupation																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																					
		350.00																					

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	550.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 14	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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) INTEGRAM		Date of Receipt																					
	Mailing Address 8421 HILLTOP RD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		0	1		2	0	0	8														
	City State Zip Code FAIRFAX VA 22031		Transaction ID: SA15.52544																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 801.06																					
Name of Employer Occupation		REFUND OF OVERPAYMENT																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 801.06																						

SUBTOTAL of Receipts This Page (optional)	▶	801.06
TOTAL This Period (last page this line number only)	▶	801.06

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 14	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" 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) OMEGA LIST COMPANY		Date of Receipt																					
	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>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		3	1		2	0	0	8														
	City State Zip Code MCLEAN VA 22102		Transaction ID: SA17.52543																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4186.14																						
Name of Employer Occupation		LIST RENTAL INCOME																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 50307.06																						

SUBTOTAL of Receipts This Page (optional)	▶	4186.14
TOTAL This Period (last page this line number only)	▶	4186.14

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

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

FOR LINE NUMBER: (check only one)

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

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

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

A. Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER <hr/> Mailing Address 2029 VERDUGO BLVD #1020 <hr/> City MONTROSE State CA Zip Code 91020 <hr/> Purpose of Disbursement CONSULTING - PAC DIRECTOR Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.53178 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00
B. Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL <hr/> Mailing Address 21721-A FILIGREE CT <hr/> City ASHBURN State VA Zip Code 20147 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.53176 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 1019.05
C. Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC <hr/> Mailing Address 4841 DILLON DR <hr/> City PUEBLO State CO Zip Code 81008 <hr/> Purpose of Disbursement CAGING & ESCROW SERVICES Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.53171 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 1222.91

SUBTOTAL of Disbursements This Page (optional) ▶

3741.96

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

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

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

FOR LINE NUMBER: (check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC</p> <p>Mailing Address 4841 DILLON DR</p> <p>City PUEBLO State CO Zip Code 81008</p> <p>Purpose of Disbursement CAGING & ESCROW SERVICES</p> <p>Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.53172</p> <p>Date of Disbursement 12 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 366.10</p> <p>Category/Type 001</p>
<p>B. Full Name (Last, First, Middle Initial) RPALP</p> <p>Mailing Address 1420 SPRING HILL RD</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.53173</p> <p>Date of Disbursement 12 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 1998.52</p> <p>Category/Type 003</p>
<p>C. Full Name (Last, First, Middle Initial) RPALP</p> <p>Mailing Address 1420 SPRING HILL RD</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.53174</p> <p>Date of Disbursement 12 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1200.00</p> <p>Category/Type 003</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3564.62

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

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

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

FOR LINE NUMBER:
(check only one)

<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) RPALP	Transaction ID: SB21B.53175 Date of Disbursement 1 2 / 2 2 / 2 0 0 8
	Mailing Address 1420 SPRING HILL RD	Amount of Each Disbursement this Period 300.00
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RST MARKETING	Transaction ID: SB21B.53177 Date of Disbursement 1 2 / 2 2 / 2 0 0 8
	Mailing Address 1272 CORPORATE PARK RD	Amount of Each Disbursement this Period 312.00
	City FOREST State VA Zip Code 24551	
	Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK	Transaction ID: SB21B.52539 Date of Disbursement 1 1 / 3 0 / 2 0 0 8
	Mailing Address PO BOX 5247	Amount of Each Disbursement this Period 110.63
	City DENVER State CO Zip Code 80274	
	Purpose of Disbursement BANK SERVICE CHARGE Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	722.63
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 14

<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) WELLS FARGO BANK		Transaction ID: SB21B.52540	
	Mailing Address PO BOX 5247		Date of Disbursement 12 / 31 / 2008	
	City DENVER	State CO	Zip Code 80274	Amount of Each Disbursement this Period 158.24
	Purpose of Disbursement BANK SERVICE CHARGE		001	
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State:	District:		

SUBTOTAL of Disbursements This Page (optional) ▶

158.24

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

8187.45

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

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

Transaction ID: SC/10.31059

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

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 2029 VERDUGO BLVD
#1020

City MONTROSE State CA ZIP Code 91020

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

TERMS

Date Incurred: MM 04 DD 04 YYYY 2007 Date Due: UPON DEMAND Interest Rate: 0.0000 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)	▶	835.00
TOTALS This Period (last page in this line only)	▶	835.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 14 / 14	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.30997	
5109.88			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	5109.88	

1) SUBTOTALS This Period This Page (optional).....	▶	5109.88
2) TOTALS This Period (last page this line number only).....	▶	5109.88
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	835.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	5944.88