

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:

| | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

(c) 12-Day **PRE-Election** Report for the:

| | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

(d) 30-Day **Post -Election** Report for the:

| | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 07 01 2008 through 09 30 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 01 30 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**

Write or Type Committee Name
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| 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" 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>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 | 2836.44 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 59678.75 | 169628.36 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 62515.19 | 172098.49 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 61528.67 | 171111.97 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 986.52 | 986.52 | | | | | | | | |
| 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) | 59481.66 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| 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 | 11350.00 | 20343.00 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 36748.75 | 109262.44 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 48098.75 | 129605.44 |
| (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) | 48098.75 | 129605.44 |
| 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) | 826.00 | 2802.61 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 10754.00 | 37220.31 |
| 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)) | 59678.75 | 169628.36 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 59678.75 | 169628.36 |

DETAILED SUMMARY PAGE
of Disbursements

| 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..... | 61528.67 | 166111.97 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 61528.67 | 166111.97 |
| 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)).. | 61528.67 | 171111.97 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 61528.67 | 171111.97 |

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) | 48098.75 | 129605.44 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 48098.75 | 129605.44 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 61528.67 | 166111.97 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 826.00 | 2802.61 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 60702.67 | 163309.36 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 43
(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 EDWARD ADAM 975

Mailing Address 1200 MIRA MAR AVE APT 204

City State Zip Code
MEDFORD OR 97504

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 09 / 2008

Transaction ID: SA11AI.50033

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
MS BARBARA B BAKER 840

Mailing Address 9735 S 500 W

City State Zip Code
SANDY UT 84070

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

Name of Employer CHALLENGER SCHOOL Occupation EDUCATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 26 / 2008

Transaction ID: SA11AI.50129

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
DR ALLAN H BARKER 841

Mailing Address 2690 ROXBURY CIRCLE

City State Zip Code
SALT LAKE CITY UT 84108

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 05 / 2008

Transaction ID: SA11AI.50139

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 1300.00

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 / 43
(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 MARY J BENSON 498

Mailing Address 4493 M RD

City State Zip Code
ESCANABA MI 49829

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
08 / 04 / 2008

Transaction ID: SA11AI.50189

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
BRIAN BEUKERS 840

Mailing Address 2292 S 1520 W

City State Zip Code
SYRACUSE UT 84075

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
08 / 11 / 2008

Transaction ID: SA11AI.50207

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MS MARGARET BRENTON 809

Mailing Address 730 N 24TH ST

City State Zip Code
COLORADO SPRINGS CO 80904

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
09 / 15 / 2008

Transaction ID: SA11AI.50277

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional) 525.00

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 / 43
(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 DAVID H BURROWS 240

Mailing Address 2301 STANLEY AVE SE

City State Zip Code
ROANOKE VA 24014

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

Name of Employer NONE Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **295.00**

Date of Receipt
M M / D D / Y Y Y Y
07 14 2008

Transaction ID: SA11AI.50316

Amount of Each Receipt this Period
120.00

B. Full Name (Last, First, Middle Initial)
MRS DOROTHY Q BURSEY 273

Mailing Address 3067 BOURBON ST

City State Zip Code
SANFORD NC 27332

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
08 11 2008

Transaction ID: SA11AI.50317

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
MRS LOULIE D CANADY 265

Mailing Address 127 JACKSON AVE SOUTH PARK

City State Zip Code
MORGANTOWN WV 26501

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
M M / D D / Y Y Y Y
07 07 2008

Transaction ID: SA11AI.50335

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional) ► **495.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 43
(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 FREDDA CHAPMAN 770

Mailing Address 11519 ATWELL DR

City HOUSTON State TX Zip Code 77035

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: 07 / 07 / 2008
Transaction ID: SA11AI.50357
 Amount of Each Receipt this Period: 345.00

B.

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

Mailing Address 6 HUCKLEBERRY LN

City AUGUSTA State ME Zip Code 04330

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt: 07 / 16 / 2008
Transaction ID: SA11AI.50483
 Amount of Each Receipt this Period: 1800.00

C.

Full Name (Last, First, Middle Initial)
MR H DUNLAP 230

Mailing Address 989 SHOOTING BOX RD

City KING WILLIAM State VA Zip Code 23086

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: 07 / 09 / 2008
Transaction ID: SA11AI.50586
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 2245.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 43

(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 H DUNLAP 230

Mailing Address 989 SHOOTING BOX RD

City State Zip Code
KING WILLIAM VA 23086

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: SA11AI.50585

Amount of Each Receipt this Period
50.00

B.

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

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
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

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

Transaction ID: SA11AI.50594

Amount of Each Receipt this Period
200.00

C.

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

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
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
825.00

Date of Receipt

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

Transaction ID: SA11AI.50595

Amount of Each Receipt this Period
25.00

| | | |
|--|---|--------|
| 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 11 / 43
(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 BREWSTER J DURKEE 322

Mailing Address 5027 RIVER POINT RD

City JACKSONVILLE State FL Zip Code 32207

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1025.00

Date of Receipt: 08 / 06 / 2008
Transaction ID: SA11AI.50593
 Amount of Each Receipt this Period: 200.00

B.

Full Name (Last, First, Middle Initial)
MR CLIFFORD EHMKE 773

Mailing Address 121 GREEN PASTURE RD

City SHEPHERD State TX Zip Code 77371

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: 07 / 08 / 2008
Transaction ID: SA11AI.50620
 Amount of Each Receipt this Period: 225.00

C.

Full Name (Last, First, Middle Initial)
MR HARRY C FLEMING 570

Mailing Address 1101 1ST ST

City SPRINGFIELD State SD Zip Code 57062

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: 09 / 15 / 2008
Transaction ID: SA11AI.50691
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 475.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 43
(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 HARRY C FLEMING 570
Mailing Address 1101 1ST ST
City SPRINGFIELD State SD Zip Code 57062
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00
Date of Receipt 09 / 30 / 2008
Transaction ID: SA11AI.50690
Amount of Each Receipt this Period 60.00

B. Full Name (Last, First, Middle Initial)
L R FRENCH 797
Mailing Address PO BOX 11327
City MIDLAND State TX Zip Code 79702
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 07 / 29 / 2008
Transaction ID: SA11AI.50730
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
MRS JULIA FRY 815
Mailing Address 998 21 1/2 RD
City GRAND JUNCTION State CO Zip Code 81505
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 09 / 09 / 2008
Transaction ID: SA11AI.50741
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 1260.00
TOTAL This Period (last page this line number only) ►

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 43 |
| | <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 FRANKLIN W GIBSON 926 | Date of Receipt MM / DD / YYYY 07 / 21 / 2008 |
| | Mailing Address 17602 SAMPSON LN STE. B | Transaction ID: SA11AI.50781 |
| | City State Zip Code HUNTINGTON BEACH CA 92647 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) MR FRANKLIN W GIBSON 926 | Date of Receipt MM / DD / YYYY 09 / 09 / 2008 |
| | Mailing Address 17602 SAMPSON LN STE. B | Transaction ID: SA11AI.50780 |
| | City State Zip Code HUNTINGTON BEACH CA 92647 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) T HABECKER 986 | Date of Receipt MM / DD / YYYY 08 / 07 / 2008 |
| | Mailing Address 111 SE 98TH AVE | Transaction ID: SA11AI.50855 |
| | City State Zip Code VANCOUVER WA 98664 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation NONE RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00 | |

| | |
|--|---------------|
| 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 14 / 43
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MRS ALICE HEINEY 112

Mailing Address 126 E 73RD ST
SECOND FLOOR

City State Zip Code
BROOKLYN NY 11234

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2008

Transaction ID: SA11AI.50914

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MRS DORIS T HENDRICKS 212

Mailing Address 8810 WALTHER BLVD APT 2229

City State Zip Code
PARKVILLE MD 21234

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
MM / DD / YYYY
08 / 05 / 2008

Transaction ID: SA11AI.50933

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
MS CAROL E HENNEMAN 910

Mailing Address 500 VENADO VISTA DR

City State Zip Code
LA CANADA CA 91011

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
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.50937

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **400.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MISS DOROTHY JENNEY 025
Mailing Address 70 LANDFALL

City State Zip Code
FALMOUTH MA 02540

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 0 | 5 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.51078
 Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MR WALTER H KLEINER 980
Mailing Address 1725 89TH PL N E

City State Zip Code
CLYDE HILL WA 98004

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

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

Transaction ID: SA11AI.51186
 Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MRS JANE B LAIRD 198
Mailing Address 4031 KENNETT PIKE APT 163

City State Zip Code
WILMINGTON DE 19807

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.00

Date of Receipt

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

Transaction ID: SA11AI.51242
 Amount of Each Receipt this Period
90.00

SUBTOTAL of Receipts This Page (optional) ► **440.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 43
(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 MARCIA P LANE 397

Mailing Address 1449 W LINDSEY FERRY RD

City State Zip Code
COLUMBUS MS 39701

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

Name of Employer Occupation
SELF EMPLOYED INVESTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2008

Transaction ID: SA11AI.51253

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
MRS WILLIAM F MC GUIRE 672

Mailing Address 8725 STONERIDGE ST

City State Zip Code
WICHITA KS 67206

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2008

Transaction ID: SA11AI.51433

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR HARVEY MILLER 600

Mailing Address 1538 BRAE BURN DR

City State Zip Code
RIVERWOODS IL 60015

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2008

Transaction ID: SA11AI.51497

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 43
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MR JOSEPH H MOORE 853

Mailing Address PO BOX 5132

City State Zip Code
SUN CITY WEST AZ 85376

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: MM / DD / YYYY
09 / 08 / 2008

Transaction ID: SA11AI.51518

Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
MRS THERESA MURRAY 800

Mailing Address 569 W ARROWHEAD ST

City State Zip Code
LOUISVILLE CO 80027

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
08 / 05 / 2008

Transaction ID: SA11AI.51559

Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
MR GEORGE NASWORTHY 322

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 ▼ 290.00

Date of Receipt: MM / DD / YYYY
07 / 09 / 2008

Transaction ID: SA11AI.51576

Amount of Each Receipt this Period: 240.00

SUBTOTAL of Receipts This Page (optional) ▶ 490.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 43

(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 WILMA NIXON 440

Mailing Address 8701 MAYFIELD RD LOT 121

City State Zip Code
CHESTERLAND OH 44026

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 370.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 08 / 2008

Transaction ID: SA11AI.51612

Amount of Each Receipt this Period

185.00

B.

Full Name (Last, First, Middle Initial)
DR RUSHTON PATTERSON 381

Mailing Address 44 S FRONT ST APT 3B

City State Zip Code
MEMPHIS TN 38103

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

Name of Employer Occupation
DOCTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 07 / 2008

Transaction ID: SA11AI.51669

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)
KRISTIN QUINN 911

Mailing Address 384 S BONNIE AVE

City State Zip Code
PASADENA CA 91106

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
09 / 26 / 2008

Transaction ID: SA11AI.51776

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) ▶

710.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 43
(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 ANTHONY H RYAN 037

Mailing Address 393 DORCHESTER RD

City LYME State NH Zip Code 03768

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 12 / 2008
Transaction ID: SA11AI.51909
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
MR JOHN F SHELDON 952

Mailing Address 1100 S TUXEDO AVE

City STOCKTON State CA Zip Code 95204

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

Name of Employer Occupation DOCTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 09 / 2008
Transaction ID: SA11AI.52012
 Amount of Each Receipt this Period: 150.00

C. Full Name (Last, First, Middle Initial)
MR ROY J STARRAK 768

Mailing Address 7133 US HIGHWAY 84

City COLEMAN State TX Zip Code 76834

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

Name of Employer NONE Occupation SELF EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 15 / 2008
Transaction ID: SA11AI.52137
 Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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 / 43
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
DR PETER STRUDWICK 922

Mailing Address P O BOX 639

City State Zip Code
BLYTHE CA 92226

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

Name of Employer Occupation
DOCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2008

Transaction ID: SA11AI.52160

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
MR JOHN S WELLES 462

Mailing Address 4110 UNITED CHURCH DR

City State Zip Code
INDIANAPOLIS IN 46237

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2008

Transaction ID: SA11AI.52363

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
MRS GRACE E WILSON 633

Mailing Address 1622 POLAR DR

City State Zip Code
WENTZVILLE MO 63385

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 ▼ 220.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2008

Transaction ID: SA11AI.52432

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ► **460.00**

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 / 43
(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 TIM D WORD 781

Mailing Address P O BOX 310330

City State Zip Code
NEW BRAUNFELS TX 78131

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

Name of Employer DEAN WORD CO Occupation EXECUTIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 0 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.52457

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS MARILYN ZAKLAN 950

Mailing Address 14500 FRUITVALE AVE APT 4106

City State Zip Code
SARATOGA CA 95070

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

Name of Employer NONE Occupation RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 0 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.52477

Amount of Each Receipt this Period
200.00

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 225.00 |
| TOTAL This Period (last page this line number only) | ▶ | 11350.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 43
(check only one)

| | | | |
|------------------------------|------------------------------|--|---|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input checked="" 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)
MDI IMAGING & MAIL

Mailing Address 21721-A FILIGREE CT

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| ASHBURN | VA | 20147 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
826.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 3 | 0 | | 2 | 0 | 0 | 8 |

Transaction ID: SA15.50032

Amount of Each Receipt this Period
826.00

OVERPAYMENT REFUND

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 826.00 |
| TOTAL This Period (last page this line number only) | ▶ | 826.00 |

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

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

FOR LINE NUMBER: PAGE 23 / 43
(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)
OMEGA LIST COMPANY

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
34101.31

Date of Receipt

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

Transaction ID: SA17.50029

Amount of Each Receipt this Period
7635.00

LIST RENTAL INCOME

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

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35597.31

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 3 | 1 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA17.50030

Amount of Each Receipt this Period
1496.00

LIST RENTAL INCOME

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

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
37220.31

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 3 | 0 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA17.50031

Amount of Each Receipt this Period
1623.00

LIST RENTAL INCOME

SUBTOTAL of Receipts This Page (optional) ► **10754.00**

TOTAL This Period (last page this line number only) ► **10754.00**

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) ALLEN BRANDSTATER | Transaction ID: SB21B.52533 Date of Disbursement |
| | Mailing Address 2029 VERDUGO BLVD #1020 | <input type="text" value="07"/> <input type="text" value="31"/> / <input type="text" value="2008"/> |
| | City MONTROSE State CA Zip Code 91020 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement CONSULTING - PAC DIRECTOR | <input type="text" value="1000.00"/> |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <input type="text" value="001"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER | Transaction ID: SB21B.52534 Date of Disbursement |
| | Mailing Address 2029 VERDUGO BLVD #1020 | <input type="text" value="08"/> <input type="text" value="31"/> / <input type="text" value="2008"/> |
| | City MONTROSE State CA Zip Code 91020 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement CONSULTING - PAC DIRECTOR | <input type="text" value="1000.00"/> |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <input type="text" value="001"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER | Transaction ID: SB21B.52535 Date of Disbursement |
| | Mailing Address 2029 VERDUGO BLVD #1020 | <input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="2008"/> |
| | City MONTROSE State CA Zip Code 91020 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement CONSULTING - PAC DIRECTOR | <input type="text" value="1000.00"/> |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <input type="text" value="001"/> 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) | <input type="text" value="3000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT | Transaction ID: SB21B.52498 Date of Disbursement |
| | Mailing Address 1420 SPRING HILL RD STE 490 | <input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2008"/> |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING | <input type="text" value="738.83"/> |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <input type="text" value="003"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT | Transaction ID: SB21B.52499 Date of Disbursement |
| | Mailing Address 1420 SPRING HILL RD STE 490 | <input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2008"/> |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING | <input type="text" value="3071.19"/> |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <input type="text" value="003"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT | Transaction ID: SB21B.52500 Date of Disbursement |
| | Mailing Address 1420 SPRING HILL RD STE 490 | <input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2008"/> |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING | <input type="text" value="5500.00"/> |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <input type="text" value="003"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="9310.02"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT | Transaction ID: SB21B.52501 Date of Disbursement |
| | Mailing Address 1420 SPRING HILL RD STE 490 | <input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2008"/> |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING | <input type="text" value="4000.37"/> |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <input type="text" value="003"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |
| B. | Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT | Transaction ID: SB21B.52502 Date of Disbursement |
| | Mailing Address 1420 SPRING HILL RD STE 490 | <input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2008"/> |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING | <input type="text" value="1669.91"/> |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <input type="text" value="003"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |
| C. | Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT | Transaction ID: SB21B.52503 Date of Disbursement |
| | Mailing Address 1420 SPRING HILL RD STE 490 | <input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2008"/> |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING | <input type="text" value="3376.72"/> |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <input type="text" value="003"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

SUBTOTAL of Disbursements This Page (optional) ▶

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.52504 Date of Disbursement |
| | Mailing Address 1420 SPRING HILL RD STE 490 | <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2008"/> |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING | <input type="text" value="2620.91"/> |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <input type="text" value="003"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT | Transaction ID: SB21B.52506 Date of Disbursement |
| | Mailing Address 1420 SPRING HILL RD STE 490 | <input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2008"/> |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING | <input type="text" value="1190.00"/> |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <input type="text" value="003"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT | Transaction ID: SB21B.52507 Date of Disbursement |
| | Mailing Address 1420 SPRING HILL RD STE 490 | <input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2008"/> |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING | <input type="text" value="424.74"/> |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <input type="text" value="003"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="4235.65"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) ECG DATA CENTER</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name 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.52508</p> <p>Date of Disbursement 07 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1135.59</p> <p>001 Category/ Type</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) ECG DATA CENTER</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name 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.52509</p> <p>Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 123.72</p> <p>001 Category/ Type</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) ECG DATA CENTER</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name 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.52510</p> <p>Date of Disbursement 08 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1878.43</p> <p>001 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3137.74

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | |
|---|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) ECG DATA CENTER</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name 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.52511</p> <p>Date of Disbursement: M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period: 1278.67</p> <p>Category/Type: 001</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) ECG DATA CENTER</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name 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.52513</p> <p>Date of Disbursement: M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period: 1054.57</p> <p>Category/Type: 001</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) ECG DATA CENTER</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name 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.52514</p> <p>Date of Disbursement: M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period: 395.61</p> <p>Category/Type: 001</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

2728.85

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

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | | | | | | | | | | | | | | | | | | | | |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A. | Full Name (Last, First, Middle Initial) ECG DATA CENTER | Transaction ID: SB21B.52515 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 1420 SPRING HILL RD STE 490 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>2</td><td>2</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 | 0 | 9 | | 2 | 2 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 9 | | 2 | 2 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement DATA PROCESSING | <table border="1"><tr><td>267.36</td></tr></table> | 267.36 | | | | | | | | | | | | | | | | | | |
| 267.36 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <table border="1"><tr><td>001</td></tr></table> Category/Type | 001 | | | | | | | | | | | | | | | | | | |
| 001 | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

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|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B. | Full Name (Last, First, Middle Initial) ECG DATA CENTER | Transaction ID: SB21B.52512 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 1420 SPRING HILL RD STE 490 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>2</td><td>9</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 | 0 | 9 | | 2 | 9 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 9 | | 2 | 9 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement DATA PROCESSING | <table border="1"><tr><td>430.27</td></tr></table> | 430.27 | | | | | | | | | | | | | | | | | | |
| 430.27 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <table border="1"><tr><td>001</td></tr></table> Category/Type | 001 | | | | | | | | | | | | | | | | | | |
| 001 | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

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|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C. | Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL | Transaction ID: SB21B.52493 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 21721-A FILIGREE CT | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>0</td><td>7</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 | 0 | 7 | | 0 | 7 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 7 | | 0 | 7 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City ASHBURN State VA Zip Code 20147 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING | <table border="1"><tr><td>1496.63</td></tr></table> | 1496.63 | | | | | | | | | | | | | | | | | | |
| 1496.63 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <table border="1"><tr><td>003</td></tr></table> Category/Type | 003 | | | | | | | | | | | | | | | | | | |
| 003 | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

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|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>2194.26</td></tr></table> | 2194.26 |
| 2194.26 | | |
| 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 |

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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL | Transaction ID: SB21B.52494 Date of Disbursement |
| | Mailing Address 21721-A FILIGREE CT | <input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2008"/> |
| | City ASHBURN State VA Zip Code 20147 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING | <input type="text" value="1398.84"/> |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <input type="text" value="003"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL | Transaction ID: SB21B.52495 Date of Disbursement |
| | Mailing Address 21721-A FILIGREE CT | <input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2008"/> |
| | City ASHBURN State VA Zip Code 20147 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING | <input type="text" value="984.26"/> |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <input type="text" value="003"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

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|----|--|---|
| C. | Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL | Transaction ID: SB21B.52496 Date of Disbursement |
| | Mailing Address 21721-A FILIGREE CT | <input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2008"/> |
| | City ASHBURN State VA Zip Code 20147 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING | <input type="text" value="808.19"/> |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <input type="text" value="003"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

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|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="3191.29"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | | | | | | | | | | | | | | | | | | | | |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A. | Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL | Transaction ID: SB21B.52497 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 21721-A FILIGREE CT | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>2</td><td>2</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 | 0 | 9 | | 2 | 2 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 9 | | 2 | 2 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City ASHBURN State VA Zip Code 20147 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING | <table border="1"><tr><td>1612.00</td></tr></table> | 1612.00 | | | | | | | | | | | | | | | | | | |
| 1612.00 | | | | | | | | | | | | | | | | | | | | | |
| | 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) ▼ | | | | | | | | | | | | | | | | | | | |

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|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B. | Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY | Transaction ID: SB21B.52516 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 1420 SPRING HILL RD STE 490 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>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 | 0 | 8 | | 1 | 8 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 8 | | 1 | 8 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement LIST RENTALS | <table border="1"><tr><td>74.75</td></tr></table> | 74.75 | | | | | | | | | | | | | | | | | | |
| 74.75 | | | | | | | | | | | | | | | | | | | | | |
| | 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) ▼ | | | | | | | | | | | | | | | | | | | |

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|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C. | Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY | Transaction ID: SB21B.52517 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 1420 SPRING HILL RD STE 490 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>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 | 0 | 9 | | 1 | 5 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 9 | | 1 | 5 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement LIST RENTALS | <table border="1"><tr><td>1278.58</td></tr></table> | 1278.58 | | | | | | | | | | | | | | | | | | |
| 1278.58 | | | | | | | | | | | | | | | | | | | | | |
| | 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) ▼ | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

2965.33

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY | Transaction ID: SB21B.52518 Date of Disbursement |
| | Mailing Address 1420 SPRING HILL RD STE 490 | <input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2008"/> |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement LIST RENTALS | <input type="text" value="130.87"/> |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <input type="text" value="003"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC | Transaction ID: SB21B.52521 Date of Disbursement |
| | Mailing Address 4841 DILLON DR | <input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2008"/> |
| | City PUEBLO State CO Zip Code 81008 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement CAGING & ESCROW SERVICES | <input type="text" value="727.44"/> |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <input type="text" value="001"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC | Transaction ID: SB21B.52522 Date of Disbursement |
| | Mailing Address 4841 DILLON DR | <input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2008"/> |
| | City PUEBLO State CO Zip Code 81008 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement CAGING & ESCROW SERVICES | <input type="text" value="1572.11"/> |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <input type="text" value="001"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="2430.42"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | |
|---|---|
| <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.52523</p> <p>Date of Disbursement 07 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 113.72</p> <p>001 Category/Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC</p> <p>Mailing Address 4841 DILLON DR</p> <p>City PUEBLO State CO Zip Code 81008</p> <p>Purpose of Disbursement CAGING & ESCROW SERVICES</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.52524</p> <p>Date of Disbursement 07 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 255.01</p> <p>001 Category/Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC</p> <p>Mailing Address 4841 DILLON DR</p> <p>City PUEBLO State CO Zip Code 81008</p> <p>Purpose of Disbursement CAGING & ESCROW SERVICES</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.52525</p> <p>Date of Disbursement 08 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 552.63</p> <p>001 Category/Type</p> |

| | |
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| SUBTOTAL of Disbursements This Page (optional) | 921.36 |
| 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) PREMIER FULFILLMENT & PROCESSING INC | Transaction ID: SB21B.52526 Date of Disbursement |
| | Mailing Address 4841 DILLON DR | <input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2008"/> |
| | City PUEBLO State CO Zip Code 81008 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement CAGING & ESCROW SERVICES | <input type="text" value="357.40"/> |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <input type="text" value="001"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) RPALP | Transaction ID: SB21B.52527 Date of Disbursement |
| | Mailing Address 1420 SPRING HILL RD | <input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2008"/> |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING | <input type="text" value="2000.00"/> |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <input type="text" value="003"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) RPALP | Transaction ID: SB21B.52528 Date of Disbursement |
| | Mailing Address 1420 SPRING HILL RD | <input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2008"/> |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING | <input type="text" value="4800.00"/> |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <input type="text" value="003"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="7157.40"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER:
(check only one)

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

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.52529 Date of Disbursement 07 / 14 / 2008 |
| | Mailing Address 1420 SPRING HILL RD | Amount of Each Disbursement this Period 48.00 |
| | 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) RPALP | Transaction ID: SB21B.52530 Date of Disbursement 07 / 22 / 2008 |
| | Mailing Address 1420 SPRING HILL RD | Amount of Each Disbursement this Period 2009.70 |
| | 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) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) RPALP | Transaction ID: SB21B.52531 Date of Disbursement 07 / 28 / 2008 |
| | Mailing Address 1420 SPRING HILL RD | Amount of Each Disbursement this Period 3354.21 |
| | 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) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 5411.91 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

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

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

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

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) RPALP Mailing Address 1420 SPRING HILL RD City MCLEAN State VA Zip Code 22102 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 State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.52532 Date of Disbursement 08 / 12 / 2008 |
| | Amount of Each Disbursement this Period 3984.45 Category/Type: 003 |
| B. Full Name (Last, First, Middle Initial) RST MARKETING Mailing Address 1272 CORPORATE PARK RD City FOREST State VA Zip Code 24551 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 State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.52520 Date of Disbursement 07 / 22 / 2008 |
| | Amount of Each Disbursement this Period 1759.99 Category/Type: 003 |

SUBTOTAL of Disbursements This Page (optional) ▶

5744.44

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

61475.67

SCHEDULE C (FEC Form 3X)

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

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 2029 VERDUGO BLVD #1020 | |
| City MONTROSE State CA ZIP Code 91020 | |

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

TERMS

| | | | |
|--|-------------------------|---------------------------------|---|
| Date Incurred MM DD YY YY 04 04 2007 | Date Due UPON DEMAND | Interest Rate 0.0000 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|-------------------------|---------------------------------|---|

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

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

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

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

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

| | | | |
|---|---------------------------------|---|--|
| Outstanding Balance Beginning This Period 23071.81 | | Transaction ID: SD10.31121 | |
| Amount Incurred This Period 0.00 | Payment This Period 22592.67 | Outstanding Balance at Close of This Period 479.14 | |

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

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

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 14578.74 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 2152.50 | | Transaction ID: SD10.45220 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2152.50 | |

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

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 16101.30 | | Transaction ID: SD10.31124 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 16101.30 | |

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

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 75.00 | | Transaction ID: SD10.31125 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 75.00 | |

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 18328.80 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 7742.89 | Transaction ID: SD10.31126 | |
| Amount Incurred This Period 0.00 | Payment This Period 6564.22 | Outstanding Balance at Close of This Period 1178.67 |

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

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 3882.80 | Transaction ID: SD10.31127 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3882.80 |

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

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 2585.00 | Transaction ID: SD10.31128 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2585.00 |

| | | |
|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 7646.47 |
| 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 LITHOTECH | Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR AAI |
| Mailing Address 2020 N 22ND AVE | |
| City State ZIP Code PHOENIX AZ 85009 | |

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 3113.25 | Transaction ID: SD10.31129 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3113.25 |

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

| | | |
|--|-----------------------------------|---|
| Outstanding Balance Beginning This Period 3640.55 | Transaction ID: SD10.31018 | |
| Amount Incurred This Period 2659.37 | Payment This Period 6299.92 | Outstanding Balance at Close of This Period 0.00 |

| | |
|---|---|
| C. 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 1484.30 | Transaction ID: SD10.31130 | |
| Amount Incurred This Period 0.00 | Payment This Period 1484.20 | Outstanding Balance at Close of This Period 0.10 |

| | | |
|--|---|---------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 3113.35 |
| 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 TRI-STATE ENVELOPE CORP | | | Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR AAI |
| Mailing Address 6900 FAIGLE ROAD BOX 433 | | | |
| City BELTSVILLE | State MD | ZIP Code 20705 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 2843.40 | | Transaction ID: SD10.31132 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2843.40 | |

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

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 12135.90 | | Transaction ID: SD10.31133 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 12135.90 | |

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 14979.30 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | 58646.66 |
| 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) | ▶ | 59481.66 |