

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2006 through 03 31 2006

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

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer Electronically Filed by SCOTT B MACKENZIE Date 09 02 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 | 1 |

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

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

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

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

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

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 6 |  | 12057.23 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 0                                 | 6 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 12057.23                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 111726.71               | 111726.71                         |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 123783.94               | 123783.94                         |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 97732.76                | 97732.76                          |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 26051.18                | 26051.18                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 117961.61               |                                   |   |   |   |   |   |   |  |          |

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 | 1 |

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

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

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

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

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

| <b>I. Receipts</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 11. Contributions (other than loans) From:   |                                       |   |
| (a) Individuals/Persons Other Than Political Committees  | 6558.00                               | 6558.00                                   |
| (i) Itemized (use Schedule A) .....  |                                       |   |
| (ii) Unitemized .....  | 105168.71                             | 105168.71                                 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 111726.71                             | 111726.71                                 |
| (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) .....     | 111726.71                             | 111726.71                                 |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                                  | 0.00                                      |
| 13. All Loans Received .....   | 0.00                                  | 0.00                                      |
| 14. Loan Repayments Received .....   | 0.00                                  | 0.00                                      |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                                  | 0.00                                      |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                                  | 0.00                                      |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                                  | 0.00                                      |
| 18. Transfers from Non-Federal and Levin Funds   |                                       |   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                                  | 0.00                                      |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                                  | 0.00                                      |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                                  | 0.00                                      |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 111726.71                             | 111726.71                                 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 111726.71                             | 111726.71                                 |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 21. Operating Expenditures:  |                                       |   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |                                       |   |
| (i) Federal Share.....   | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....  | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating Expenditures.....  | 95632.76                              | 95632.76                                  |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 95632.76                              | 95632.76                                  |
| 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.....  | 2100.00                               | 2100.00                                   |
| 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                                  | 0.00                                      |
| 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))..       | 97732.76                              | 97732.76                                  |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 97732.76                              | 97732.76                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3 .....         | 111726.71                     | 111726.71                         |
| 34. Total Contribution Refunds (from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....   | 111726.71                     | 111726.71                         |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 95632.76                      | 95632.76                          |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) .....             | 95632.76                      | 95632.76                          |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 28                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

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

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>MS TIA A ATKINS   | Date of Receipt<br>MM / DD / YYYY<br>01 / 12 / 2006 |
|           | Mailing Address 18321 SW PACIFIC HWY   | <b>Transaction ID:</b> SA11AI.13266                 |
|           | City State Zip Code<br>TUALATIN OR 97062   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer NONE<br>Occupation RETIRED<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                  |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>MS TIA A ATKINS   | Date of Receipt<br>MM / DD / YYYY<br>02 / 07 / 2006 |
|           | Mailing Address 18321 SW PACIFIC HWY   | <b>Transaction ID:</b> SA11AI.15308                 |
|           | City State Zip Code<br>TUALATIN OR 97062   | Amount of Each Receipt this Period<br>375.00        |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer NONE<br>Occupation RETIRED<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>625.00                  |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>DR ROBERT BUCHANAN  | Date of Receipt<br>MM / DD / YYYY<br>03 / 08 / 2006 |
|           | Mailing Address 4751 EAGLERIDGE CIR #108   | <b>Transaction ID:</b> SA11AI.16305                 |
|           | City State Zip Code<br>PUEBLO CO 81008   | Amount of Each Receipt this Period<br>75.00         |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer<br>Occupation DOCTOR<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00                  |

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

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

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

FOR LINE NUMBER: PAGE 7 / 28  
(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 JOHN WM GALBRAITH

Mailing Address 500 CRESTWOOD DR APT 1604

City State Zip Code  
CHARLOTTESVILLE VA 22903

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

**Transaction ID:** SA11AI.15322

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
MRS VIOLET HANNA

Mailing Address 4123 MARY ELLEN AVE

City State Zip Code  
STUDIO CITY CA 91604

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  
0 1 / 2 7 / 2 0 0 6

**Transaction ID:** SA11AI.14581

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
MRS VIOLET HANNA

Mailing Address 4123 MARY ELLEN AVE

City State Zip Code  
STUDIO CITY CA 91604

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  
0 2 / 1 4 / 2 0 0 6

**Transaction ID:** SA11AI.15760

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

**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 8 / 28                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>MRS VIOLET HANNA  | Date of Receipt<br>MM / DD / YYYY<br>03 / 14 / 2006 |
|           | Mailing Address 4123 MARY ELLEN AVE  | <b>Transaction ID:</b> SA11AI.16432                 |
|           | City State Zip Code<br>STUDIO CITY CA 91604  | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer NONE<br>Occupation RETIRED<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>450.00                  |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>MR CHARLES JOHNSON  | Date of Receipt<br>MM / DD / YYYY<br>03 / 30 / 2006 |
|           | Mailing Address 3702 ESTO AVE  | <b>Transaction ID:</b> SA11AI.19367                 |
|           | City State Zip Code<br>EL MONTE CA 91731   | Amount of Each Receipt this Period<br>408.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer NONE<br>Occupation RETIRED<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>408.00                  |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>MR RAY ODEN, JR   | Date of Receipt<br>MM / DD / YYYY<br>02 / 07 / 2006 |
|           | Mailing Address 702 THORA BLVD   | <b>Transaction ID:</b> SA11AI.15243                 |
|           | City State Zip Code<br>SHREVEPORT LA 71106   | Amount of Each Receipt this Period<br>1500.00       |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer NONE<br>Occupation RETIRED<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1700.00                 |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 2008.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 / 28                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A.**

Full Name (Last, First, Middle Initial)  
MR L RICHARDSON, JR

Mailing Address 7 INDIAN SPRING RD

City NORWALK State CT Zip Code 06853

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

Name of Employer SELF EMPLOYED Occupation FINANCIAL CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 9 / 2 0 0 6

Transaction ID: SA11AI.19283

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
ELIZABETH SCHAFFER

Mailing Address 610 1ST ST

City CORONADO State CA Zip Code 92118

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.13236

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
ELIZABETH SCHAFFER

Mailing Address 610 1ST ST

City CORONADO State CA Zip Code 92118

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: SA11AI.15107

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 28  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MABELLE JEAN SMITH

Mailing Address 8545 MISSION GORGE RD  
SPC 224

City State Zip Code  
SANTEE CA 92071

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2006

Transaction ID: SA11AI.15847

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS EDGAR UIHLEIN

Mailing Address 1001 SHERIDAN RD

City State Zip Code  
LAKE BLUFF IL 60044

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2006

Transaction ID: SA11AI.15298

Amount of Each Receipt this Period  
750.00

**C.**

Full Name (Last, First, Middle Initial)  
MR JACQUES VINMONT, JR

Mailing Address QUAIL RUN 21 ASPEN C

City State Zip Code  
BOYNTON BEACH FL 33436

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  
MM / DD / YYYY  
03 / 28 / 2006

Transaction ID: SA11AI.18962

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

**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 11 / 28                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>MS MARY ELIZABETH WHITE  | Date of Receipt<br>MM / DD / YYYY<br>03 / 07 / 2006 |
|           | Mailing Address 4461 STACK BLVD APT E130  | <b>Transaction ID:</b> SA11AI.16205                 |
|           | City MELBOURNE State FL Zip Code 32901  | Amount of Each Receipt this Period<br>75.00         |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer NONE Occupation RETIRED  |   |
|           | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>220.00                  |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>MS MARY ELIZABETH WHITE  | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2006 |
|           | Mailing Address 4461 STACK BLVD APT E130  | <b>Transaction ID:</b> SA11AI.18309                 |
|           | City MELBOURNE State FL Zip Code 32901  | Amount of Each Receipt this Period<br>75.00         |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer NONE Occupation RETIRED  |   |
|           | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>295.00                  |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>MR GEORGE WRENN  | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2006 |
|           | Mailing Address P O BOX 247   | <b>Transaction ID:</b> SA11AI.16316                 |
|           | City FREEDOM State NH Zip Code 03836  | Amount of Each Receipt this Period<br>50.00         |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer NONE Occupation RETIRED  |   |
|           | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>225.00                  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 28  
(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

|   |  |                          |                                       |                                    |        |  |
|---|--|--------------------------|---------------------------------------|------------------------------------|--------|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>DR ROBERT ZAITLIN, MD |                          | Date of Receipt                       |                                    |        |  |
|   | Mailing Address 118 S CLIFFWOOD AVE                              |                          | M M / D D / Y Y Y Y<br>03 / 31 / 2006 |                                    |        |  |
|   | City   | State                    | Zip Code                              | Transaction ID: SA11AI.19654       |        |  |
|   | LOS ANGELES  | CA                       | 90049                                 | Amount of Each Receipt this Period |        |  |
|   | FEC ID number of contributing federal political committee.       |                          | C                                     |                                    | 200.00 |  |
|   | Name of Employer<br>SELF EMPLOYED                                |                          | Occupation<br>MEDICAL DOCTOR          |                                    |        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼ |                                       |                                    |        |  |
|   |  | 400.00                   |                                       |                                    |        |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 200.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 6558.00 |

**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

|           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>MR ALLEN BRANDSTATER<br><br>Mailing Address 1241 OAK CIRCLE DRIVE<br><br>City GLENDALE State CA Zip Code 91208<br><br>Purpose of Disbursement TRAVEL & REIMB EXPENSES<br>Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">002</span><br>Category/Type<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:                | Transaction ID: SB21B.40692<br>Date of Disbursement<br><table border="1" style="width: 100%;"> <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>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period<br><div style="border: 1px solid black; padding: 5px; text-align: center;">202.12</div>   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 6 |  | 2 | 0 | 0 | 6 |
| M         | M   | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0         | 3   |   | 0 | 6 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>BULK MAILING & ADDRESSING, INC.<br><br>Mailing Address 1328 CHARWOOD ROAD<br><br>City HANOVER State MD Zip Code 21076<br><br>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI<br>Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">003</span><br>Category/Type<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: SB21B.40708<br>Date of Disbursement<br><table border="1" style="width: 100%;"> <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>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period<br><div style="border: 1px solid black; padding: 5px; text-align: center;">22315.00</div> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 |  | 1 | 6 |  | 2 | 0 | 0 | 6 |
| M         | M   | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0         | 2   |   | 1 | 6 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>BULK MAILING & ADDRESSING, INC.<br><br>Mailing Address 1328 CHARWOOD ROAD<br><br>City HANOVER State MD Zip Code 21076<br><br>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI<br>Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">003</span><br>Category/Type<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: SB21B.63599<br>Date of Disbursement<br><table border="1" style="width: 100%;"> <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>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Amount of Each Disbursement this Period<br><div style="border: 1px solid black; padding: 5px; text-align: center;">1415.00</div>  | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 |  | 2 | 3 |  | 2 | 0 | 0 | 6 |
| M         | M   | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0         | 2   |   | 2 | 3 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |   |
|--|---|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <div style="border: 1px solid black; padding: 5px; font-weight: bold;">23932.12</div> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | <div style="border: 1px solid black; height: 20px; width: 100%;"></div>               |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 28

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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><b>A.</b> Full Name (Last, First, Middle Initial)<br/>BULK MAILING &amp; ADDRESSING, INC.</p> <p>Mailing Address 1328 CHARWOOD ROAD</p> <p>City HANOVER State MD Zip Code 21076</p> <p>Purpose of Disbursement<br/>DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.63600<br/><b>Date of Disbursement</b><br/>03 / 06 / 2006</p> <p>Amount of Each Disbursement this Period<br/>3359.00</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>BULK MAILING &amp; ADDRESSING, INC.</p> <p>Mailing Address 1328 CHARWOOD ROAD</p> <p>City HANOVER State MD Zip Code 21076</p> <p>Purpose of Disbursement<br/>DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.63601<br/><b>Date of Disbursement</b><br/>03 / 27 / 2006</p> <p>Amount of Each Disbursement this Period<br/>10165.00</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>CAMPAIGN FUNDING DIRECT</p> <p>Mailing Address 1420 SPRING HILL RD<br/>STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement<br/>DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.40710<br/><b>Date of Disbursement</b><br/>01 / 04 / 2006</p> <p>Amount of Each Disbursement this Period<br/>10000.00</p> |

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

23524.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|           |   |  |
|-----------|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br><b>CAMPAIGN FUNDING DIRECT</b>   | <b>Transaction ID:</b> SB21B.63605   |
|           | Mailing Address<br>1420 SPRING HILL RD<br>STE 490   | Date of Disbursement<br>MM / DD / YYYY<br>01 / 17 / 2006   |
|           | City<br>MCLEAN  | State<br>VA  |
|           | Zip Code<br>22102   | Amount of Each Disbursement this Period<br>20370.00  |
|           | Purpose of Disbursement<br>DIRECT MAIL FUNDRAISING FOR AAI  | Category/<br>Type<br>003   |
|           | Candidate Name  |  |
|           | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|           | State:<br>District:   |  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br><b>CATTERTON PRINTING &amp; MAILSHOP</b>                                       | <b>Transaction ID:</b> SB21B.40712   |
|           | Mailing Address<br>100 POST OFFICE RD   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2006   |
|           | City<br>WALDORF   | State<br>MD  |
|           | Zip Code<br>20602   | Amount of Each Disbursement this Period<br>740.19  |
|           | Purpose of Disbursement<br>DIRECT MAIL FUNDRAISING FOR AAI  | Category/<br>Type<br>003   |
|           | Candidate Name  |  |
|           | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|           | State:<br>District:   |  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br><b>CATTERTON PRINTING &amp; MAILSHOP</b>                                       | <b>Transaction ID:</b> SB21B.63609   |
|           | Mailing Address<br>100 POST OFFICE RD   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2006   |
|           | City<br>WALDORF   | State<br>MD  |
|           | Zip Code<br>20602   | Amount of Each Disbursement this Period<br>3077.70   |
|           | Purpose of Disbursement<br>DIRECT MAIL FUNDRAISING FOR AAI  | Category/<br>Type<br>003   |
|           | Candidate Name  |  |
|           | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|           | State:<br>District:   |  |

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

24187.89

**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)<br>DM GROUP  | Transaction ID: SB21B.40729  |
|    | Mailing Address 201 SKIPJACK ROAD  | Date of Disbursement<br>01 / 23 / 2006   |
|    | City PRINCE FREDERICK State MD Zip Code 20678  | Amount of Each Disbursement this Period<br>2365.00   |
|    | Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI  | 003<br>Category/<br>Type   |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>EBERLE COMMUNICATIONS GROUP   | Transaction ID: SB21B.40505  |
|    | Mailing Address 1420 SPRING HILL ROAD, SUITE 490   | Date of Disbursement<br>01 / 03 / 2006   |
|    | City MCLEAN State VA Zip Code 22102  | Amount of Each Disbursement this Period<br>665.00  |
|    | Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI  | 003<br>Category/<br>Type   |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>ECG DATA CENTER   | Transaction ID: SB21B.63615  |
|    | Mailing Address 1420 SPRING HILL RD STE 490  | Date of Disbursement<br>01 / 23 / 2006   |
|    | City MCLEAN State VA Zip Code 22102  | Amount of Each Disbursement this Period<br>2555.36   |
|    | Purpose of Disbursement DATA PROCESSING  | 001<br>Category/<br>Type   |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 5585.36 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 28

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>GILLIS DATA & INFORMATION SERVICES, LLC<br><hr/> Mailing Address 8990 WESTCHESTER DRIVE<br><hr/> City MANASSAS State VA Zip Code 20112<br><hr/> Purpose of Disbursement DATA PROCESSING<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.40718<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 0 4 / 2 0 0 6 |
|  | Amount of Each Disbursement this Period<br>2000.00<br><hr/> Category/Type<br>001                  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>GILLIS DATA & INFORMATION SERVICES, LLC<br><hr/> Mailing Address 8990 WESTCHESTER DRIVE<br><hr/> City MANASSAS State VA Zip Code 20112<br><hr/> Purpose of Disbursement DATA PROCESSING<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.63620<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 1 3 / 2 0 0 6 |
|  | Amount of Each Disbursement this Period<br>7.16<br><hr/> Category/Type<br>001                     |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>GILLIS DATA & INFORMATION SERVICES, LLC<br><hr/> Mailing Address 8990 WESTCHESTER DRIVE<br><hr/> City MANASSAS State VA Zip Code 20112<br><hr/> Purpose of Disbursement DATA PROCESSING<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.63621<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 3 / 2 0 0 6 |
|  | Amount of Each Disbursement this Period<br>2724.83<br><hr/> Category/Type<br>001                  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 4731.99 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 28

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>MDI IMAGING &amp; MAIL</p> <p>Mailing Address 21721-A FILIGREE CT</p> <p>City ASHBURN State VA Zip Code 20147</p> <p>Purpose of Disbursement<br/>DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.40721</p> <p>Date of Disbursement<br/>01 / 17 / 2006</p> <p>Amount of Each Disbursement this Period<br/>606.00</p>  |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>MDI IMAGING &amp; MAIL</p> <p>Mailing Address 21721-A FILIGREE CT</p> <p>City ASHBURN State VA Zip Code 20147</p> <p>Purpose of Disbursement<br/>DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.63626</p> <p>Date of Disbursement<br/>02 / 13 / 2006</p> <p>Amount of Each Disbursement this Period<br/>33.20</p>   |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>MDI IMAGING &amp; MAIL</p> <p>Mailing Address 21721-A FILIGREE CT</p> <p>City ASHBURN State VA Zip Code 20147</p> <p>Purpose of Disbursement<br/>DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB21B.63627</p> <p>Date of Disbursement<br/>03 / 06 / 2006</p> <p>Amount of Each Disbursement this Period<br/>1717.76</p> |

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

2356.96

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 28

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)<br>OMEGA LIST COMPANY  | Transaction ID: SB21B.40723<br>Date of Disbursement   |
|    | Mailing Address 1420 SPRING HILL RD<br>STE 490   | <input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>                             |
|    | City MCLEAN State VA Zip Code 22102  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement LIST RENTALS   | <input type="text" value="1590.40"/>  |
|    | Candidate Name   | <input type="text" value="003"/><br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>OMEGA LIST COMPANY  | Transaction ID: SB21B.63631<br>Date of Disbursement   |
|    | Mailing Address 1420 SPRING HILL RD<br>STE 490   | <input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2006"/>                             |
|    | City MCLEAN State VA Zip Code 22102  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement LIST RENTALS   | <input type="text" value="945.00"/>   |
|    | Candidate Name   | <input type="text" value="003"/><br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>PREMIER FULFILLMENT & PROCESSING INC  | Transaction ID: SB21B.63637<br>Date of Disbursement   |
|    | Mailing Address 4841 DILLON DR   | <input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>                             |
|    | City PUEBLO State CO Zip Code 81008  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement CAGING & ESCROW  | <input type="text" value="1447.13"/>  |
|    | Candidate Name   | <input type="text" value="001"/><br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="3982.53"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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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

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement  
CAGING & ESCROW

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB21B.63638  
Date of Disbursement

03 / 06 / 2006

Amount of Each Disbursement this Period

36.12

**B.** Full Name (Last, First, Middle Initial)  
PREMIER FULFILLMENT & PROCESSING INC

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement  
CAGING & ESCROW

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB21B.63639  
Date of Disbursement

03 / 06 / 2006

Amount of Each Disbursement this Period

187.57

**C.** Full Name (Last, First, Middle Initial)  
TRI-STATE ENVELOPE CORP

Mailing Address 6900 FAIGLE ROAD  
BOX 433

City BELTSVILLE State MD Zip Code 20705

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING FOR AAI

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB21B.40726  
Date of Disbursement

03 / 06 / 2006

Amount of Each Disbursement this Period

1358.82

SUBTOTAL of Disbursements This Page (optional) ▶

1582.51

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)<br>WELLS FARGO BANK  | Transaction ID: SB21B.40695  |
|    | Mailing Address PO BOX 5247  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 21 / 2006   |
|    | City DENVER State CO Zip Code 80274  | Amount of Each Disbursement this Period<br>162.41  |
|    | Purpose of Disbursement ACCOUNT ANALYSIS CHARGE<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>WELLS FARGO BANK  | Transaction ID: SB21B.40696  |
|    | Mailing Address PO BOX 5247  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 20 / 2006   |
|    | City DENVER State CO Zip Code 80274  | Amount of Each Disbursement this Period<br>88.56   |
|    | Purpose of Disbursement ACCOUNT ANALYSIS CHARGE<br>Candidate Name  | 001<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>WEST END PRINTING   | Transaction ID: SB21B.40727  |
|    | Mailing Address 1619 SHERWOOD AVE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 27 / 2006   |
|    | City RICHMOND State VA Zip Code 23220  | Amount of Each Disbursement this Period<br>4765.63   |
|    | Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL<br>Candidate Name   | 003<br>Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 5016.60  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 94899.96 |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>MR ALLEN BRANDSTATER  | Transaction ID: SB26.40742<br>Date of Disbursement  |
|    | Mailing Address 1241 OAK CIRCLE DRIVE  | <input type="text" value="02"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="06"/> |
|    | City GLENDALE State CA Zip Code 91208  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement LOAN REPAYMENT<br>Candidate Name   | <input type="text" value="100.00"/>   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | <input type="text" value="009"/> Category/Type  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |   |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>MR ALLEN BRANDSTATER  | Transaction ID: SB26.40699<br>Date of Disbursement  |
|    | Mailing Address 1241 OAK CIRCLE DRIVE  | <input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="06"/> |
|    | City GLENDALE State CA Zip Code 91208  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement LOAN REPAYMENT<br>Candidate Name   | <input type="text" value="1000.00"/>  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | <input type="text" value="009"/> Category/Type  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |   |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>MR ALLEN BRANDSTATER  | Transaction ID: SB26.40693<br>Date of Disbursement  |
|    | Mailing Address 1241 OAK CIRCLE DRIVE  | <input type="text" value="03"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="06"/> |
|    | City GLENDALE State CA Zip Code 91208  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement LOAN REPAYMENT<br>Candidate Name   | <input type="text" value="1000.00"/>  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | <input type="text" value="009"/> Category/Type  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="2100.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text" value="2100.00"/> |

# SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

## LOANS

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

Transaction ID: SC/10.11562

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

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 1241 OAK CIRCLE DRIVE

City GLENDALE State CA ZIP Code 91208

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 3000.00                 | 2100.00                    | 900.00                                      |

### TERMS

Date Incurred: MM DD YYYY    Date Due:  Interest Rate:  % (apr) Secured:  Yes  No

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

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

|   |                                     |
|---|-------------------------------------|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | <input type="text" value="900.00"/> |
| <b>TOTALS</b> This Period (last page in this line only) ..... | <input type="text" value="900.00"/> |

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

|   |                                 |  |  |
|---|---------------------------------|--|--|
| Outstanding Balance Beginning This Period<br>0.00 |                                 | <b>Transaction ID:</b> SD10.40707                      |  |
| Amount Incurred This Period<br>41403.58           | Payment This Period<br>37254.00 | Outstanding Balance at Close of This Period<br>4149.58 |  |

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

|   |                                 |   |  |
|---|---------------------------------|---|--|
| Outstanding Balance Beginning This Period<br>48759.88 |                                 | <b>Transaction ID:</b> SD10.11517                       |  |
| Amount Incurred This Period<br>14071.23               | Payment This Period<br>30370.00 | Outstanding Balance at Close of This Period<br>32461.11 |  |

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

|  |                                |   |  |
|--|--------------------------------|---|--|
| Outstanding Balance Beginning This Period<br>3817.89 |                                | <b>Transaction ID:</b> SD10.11518                   |  |
| Amount Incurred This Period<br>0.00                  | Payment This Period<br>3817.89 | Outstanding Balance at Close of This Period<br>0.00 |  |

|  |          |
|--|----------|
| <b>1) SUBTOTALS</b> This Period This Page (optional).....                                      | 36610.69 |
| <b>2) TOTALS</b> This Period (last page this line number only).....                            |          |
| <b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                        |          |
| <b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) |          |



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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

|   |                                   |   |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period<br>0.00 | <b>Transaction ID:</b> SD10.40711 |   |
| Amount Incurred This Period<br>14368.15           | Payment This Period<br>0.00       | Outstanding Balance at Close of This Period<br>14368.15 |

|  |  |
|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor<br>CP DIRECT | Nature of Debt (Purpose):<br>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<br>0.00 | <b>Transaction ID:</b> SD10.40713 |   |
| Amount Incurred This Period<br>13432.10           | Payment This Period<br>0.00       | Outstanding Balance at Close of This Period<br>13432.10 |

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

|   |                                   |  |
|---|-----------------------------------|--|
| Outstanding Balance Beginning This Period<br>0.00 | <b>Transaction ID:</b> SD10.40714 |  |
| Amount Incurred This Period<br>4212.88            | Payment This Period<br>2365.00    | Outstanding Balance at Close of This Period<br>1847.88 |

|  |                 |
|--|-----------------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional).....                                      | <b>29648.13</b> |
| 2) <b>TOTALS</b> This Period (last page this line number only).....                            |                 |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                        |                 |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) |                 |

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

|   |   |   |  |
|---|---|---|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="3951.30"/> |   | <b>Transaction ID:</b> SD10.11519   |  |
| Amount Incurred This Period<br><input type="text" value="4509.27"/>               | Payment This Period<br><input type="text" value="2605.36"/> | Outstanding Balance at Close of This Period<br><input type="text" value="5855.21"/> |  |

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

|  |   |   |  |
|--|---|---|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="0.00"/> |   | <b>Transaction ID:</b> SD10.40717   |  |
| Amount Incurred This Period<br><input type="text" value="6956.99"/>            | Payment This Period<br><input type="text" value="4731.99"/> | Outstanding Balance at Close of This Period<br><input type="text" value="2225.00"/> |  |

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

|  |  |   |  |
|--|--|---|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="0.00"/> |  | <b>Transaction ID:</b> SD10.40719   |  |
| Amount Incurred This Period<br><input type="text" value="2058.00"/>            | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="2058.00"/> |  |

|  |                                       |
|--|---------------------------------------|
| <b>1) SUBTOTALS</b> This Period This Page (optional).....                                      | <input type="text" value="10138.21"/> |
| <b>2) TOTALS</b> This Period (last page this line number only).....                            | <input type="text"/>                  |
| <b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                        | <input type="text"/>                  |
| <b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/>                  |

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

|   |   |   |  |
|---|---|---|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="7719.31"/> |   | <b>Transaction ID: SD10.11520</b>   |  |
| Amount Incurred This Period<br><input type="text" value="1252.70"/>               | Payment This Period<br><input type="text" value="2356.96"/> | Outstanding Balance at Close of This Period<br><input type="text" value="6615.05"/> |  |

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

|  |   |  |  |
|--|---|--|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="13610.42"/> |   | <b>Transaction ID: SD10.11521</b>  |  |
| Amount Incurred This Period<br><input type="text" value="9203.09"/>                | Payment This Period<br><input type="text" value="2535.40"/> | Outstanding Balance at Close of This Period<br><input type="text" value="20278.11"/> |  |

|   |             |                   |  |
|---|-------------|-------------------|--|
| <b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b><br>PREMIER FULFILLMENT & PROCESSING INC |             |                   | Nature of Debt (Purpose):<br>CAGING & ESCROW |
| Mailing Address 4841 DILLON DR  |             |                   |  |
| City<br>PUEBLO  | State<br>CO | ZIP Code<br>81008 |  |

|   |   |   |  |
|---|---|---|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="1732.01"/> |   | <b>Transaction ID: SD10.11522</b>   |  |
| Amount Incurred This Period<br><input type="text" value="3771.42"/>               | Payment This Period<br><input type="text" value="1732.01"/> | Outstanding Balance at Close of This Period<br><input type="text" value="3771.42"/> |  |

|  |                                       |
|--|---------------------------------------|
| <b>1) SUBTOTALS</b> This Period This Page (optional).....                                      | <input type="text" value="30664.58"/> |
| <b>2) TOTALS</b> This Period (last page this line number only).....                            | <input type="text"/>                  |
| <b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                        | <input type="text"/>                  |
| <b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/>                  |

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

|   |   |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 28 / 28  |
|   | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

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

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

|  |                                   |   |
|--|-----------------------------------|---|
| Outstanding Balance Beginning This Period<br>1358.82 | <b>Transaction ID: SD10.11523</b> |   |
| Amount Incurred This Period<br>0.00                  | Payment This Period<br>1358.82    | Outstanding Balance at Close of This Period<br>0.00 |

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

|   |                                   |   |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period<br>14765.63 | <b>Transaction ID: SD10.11524</b> |   |
| Amount Incurred This Period<br>0.00                   | Payment This Period<br>4765.63    | Outstanding Balance at Close of This Period<br>10000.00 |

|  |                  |
|--|------------------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional).....                                      | <b>10000.00</b>  |
| 2) <b>TOTALS</b> This Period (last page this line number only).....                            | <b>117061.61</b> |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                        | <b>900.00</b>    |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) | <b>117961.61</b> |