

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 07 2006 in the State of

5. Covering Period 10 19 2006 through 11 27 2006

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

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

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		12057.23
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	25591.21									
(c) Total Receipts (from Line 19)	106467.97	760272.99								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	132059.18	772330.22								
7. Total Disbursements (from Line 31)	120390.07	760661.11								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11669.11	11669.11								
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)	167564.21									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	11439.00	70053.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	95028.97	688784.11
(iii) TOTAL (add Lines 11(a)(i) and (ii)	106467.97	758837.11
(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)	106467.97	758837.11
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	1435.88
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	106467.97	760272.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	106467.97	760272.99

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.....	117598.07	754634.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	117598.07	754634.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2792.00	2792.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	2300.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	25.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	25.00
29. Other Disbursements.....	0.00	910.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	120390.07	760661.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	120390.07	760661.11

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)	106467.97	758837.11
34. Total Contribution Refunds (from Line 28(d))	0.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	106467.97	758812.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	117598.07	754634.11
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1435.88
38. Net Operating Expenditures (subtract Line 37 from Line 36)	117598.07	753198.23

**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 6 / 78
	<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

A.	Full Name (Last, First, Middle Initial) MR DONALD ARTZ	Date of Receipt
	Mailing Address 1203 WOODWARD AVE	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 9 / 2 0 0 6
	City State Zip Code ROTHSCHILD WI 54474	Transaction ID: SA11AI.55887
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 35.00
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 259.00	

B.	Full Name (Last, First, Middle Initial) MR ELLIOT BAINES	Date of Receipt
	Mailing Address 360 INDIAN HARBOR RD	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 8 / 2 0 0 6
	City State Zip Code VERO BEACH FL 32963	Transaction ID: SA11AI.55947
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
	Name of Employer Occupation N/A RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 450.00	

C.	Full Name (Last, First, Middle Initial) MR DONALD BALLOU	Date of Receipt
	Mailing Address 256 WEYBRIDGE ST	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 3 / 2 0 0 6
	City State Zip Code MIDDLEBURY VT 05753	Transaction ID: SA11AI.56126
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 35.00
	Name of Employer Occupation NONE RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 516.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 320.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 78
	<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) COL CHARLES E BARTELS		Date of Receipt MM / DD / YYYY 11 / 06 / 2006		
	Mailing Address 2450 COLONEL FORD DR		Transaction ID: SA11AI.56174		
	City LAKELAND	State FL	Zip Code 33813	Amount of Each Receipt this Period 35.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer US MILITARY	Occupation OFFICER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00			

B.	Full Name (Last, First, Middle Initial) MRS THOMAS BENTLEY		Date of Receipt MM / DD / YYYY 10 / 25 / 2006		
	Mailing Address 7131 S E BUNKER HILL CT		Transaction ID: SA11AI.56299		
	City HOBE SOUND	State FL	Zip Code 33455	Amount of Each Receipt this Period 25.00	
	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 ▼ 295.00			

C.	Full Name (Last, First, Middle Initial) MR WILFERD BERKS		Date of Receipt MM / DD / YYYY 10 / 27 / 2006		
	Mailing Address 962 S W 900TH RD		Transaction ID: SA11AI.56316		
	City MONTROSE	State MO	Zip Code 64770	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer N/A	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 305.00			

SUBTOTAL of Receipts This Page (optional)	▶	110.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 78

(check only one)

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

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

A.

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

Mailing Address 6309 BURNHAM CIR
APT 203

City State Zip Code
INVER GROVE HEIGHT MN 55076

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

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

Transaction ID: SA11AI.56346

Amount of Each Receipt this Period

50.00

B.

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

Mailing Address 14 CASA VERDE

City State Zip Code
LAKEWAY TX 78734

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt

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

Transaction ID: SA11AI.56353

Amount of Each Receipt this Period

50.00

C.

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

Mailing Address 14 CASA VERDE

City State Zip Code
LAKEWAY TX 78734

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt

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

Transaction ID: SA11AI.56352

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) ▶

130.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 78

(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 J CLAUDE BRANNAN

Mailing Address R R 1 BOX 238

City State Zip Code
MARIETTA OK 73448

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

Name of Employer Occupation
SELF RANCHER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 610.00

Date of Receipt

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

Transaction ID: SA11AI.56560

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR JOHN L BROUILLARD

Mailing Address 374 STILSON CANYON RD

City State Zip Code
CHICO CA 95928

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

Name of Employer Occupation
NONE RETIRED

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

Date of Receipt

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

Transaction ID: SA11AI.56599

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

MRS MARGARET BROWN

Mailing Address 6224 SHADOW OAK DR

City State Zip Code
NORTH LAS VEGAS NV 89031

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 221.00

Date of Receipt

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

Transaction ID: SA11AI.56626

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional) ▶

165.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 78
(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 MARGARET BROWN

Mailing Address 6224 SHADOW OAK DR

City NORTH LAS VEGAS State NV Zip Code 89031

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 236.00

Date of Receipt: 11 / 27 / 2006
Transaction ID: SA11AI.56625
Amount of Each Receipt this Period: 15.00

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

Mailing Address 2309 WESTMINSTER AVE

City COSTA MESA State CA Zip Code 92627

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 251.00

Date of Receipt: 10 / 23 / 2006
Transaction ID: SA11AI.56636
Amount of Each Receipt this Period: 15.00

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

Mailing Address 334 W CEDAR ST

City NEW HOLLAND State PA Zip Code 17557

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.00

Date of Receipt: 11 / 06 / 2006
Transaction ID: SA11AI.56646
Amount of Each Receipt this Period: 53.00

SUBTOTAL of Receipts This Page (optional) ► 83.00

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 / 78
	<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) MRS SUSAN BRUNOFF	Date of Receipt
	Mailing Address 334 W CEDAR ST	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6
	City State Zip Code NEW HOLLAND PA 17557	Transaction ID: SA11AI.56645
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 35.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 534.00	

B.	Full Name (Last, First, Middle Initial) MR MAX BUCHMILLER	Date of Receipt
	Mailing Address 8954 CHERRY AVE	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 0 / 2 0 0 6
	City State Zip Code ORANGEVALE CA 95662	Transaction ID: SA11AI.56657
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 35.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 255.00	

C.	Full Name (Last, First, Middle Initial) MR ROBERT BUNN	Date of Receipt
	Mailing Address 1319 CARTER RD	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6
	City State Zip Code SACRAMENTO CA 95864	Transaction ID: SA11AI.56679
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 100.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 300.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 170.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 78
	<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 DAVID BURROWS	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6
	Mailing Address 2301 STANLEY AVE S E	Transaction ID: SA11AI.56715
	City State Zip Code ROANOKE VA 24014	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 ▼ 231.00

B.	Full Name (Last, First, Middle Initial) MR ARTHUR BUSWELL	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6
	Mailing Address P O BOX 703	Transaction ID: SA11AI.56727
	City State Zip Code KINGFISHER OK 73750	Amount of Each Receipt this Period 51.00
	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 ▼ 302.00

C.	Full Name (Last, First, Middle Initial) MR ARTHUR BUSWELL	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6
	Mailing Address P O BOX 703	Transaction ID: SA11AI.56728
	City State Zip Code KINGFISHER OK 73750	Amount of Each Receipt this Period 25.00
	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 ▼ 327.00

SUBTOTAL of Receipts This Page (optional)	126.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 78
(check only one)

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

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

A.

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

Mailing Address 900 SEMINOLE RD

City State Zip Code
RADCLIFF KY 40160

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.00

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

Transaction ID: SA11AI.56769

Amount of Each Receipt this Period
45.00

B.

Full Name (Last, First, Middle Initial)
MR DAN CARASSO

Mailing Address 7856 RANCHITO AVE

City State Zip Code
VAN NUYS CA 91402

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.56803

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 13462 MASON VILLAGE CT

City State Zip Code
SAINT LOUIS MO 63131

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 861.00

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

Transaction ID: SA11AI.56883

Amount of Each Receipt this Period
100.00

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

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

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

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

FOR LINE NUMBER: PAGE 14 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 13462 MASON VILLAGE CT

City SAINT LOUIS State MO Zip Code 63131

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 896.00

Date of Receipt 11 / 14 / 2006
Transaction ID: SA11AI.56882
Amount of Each Receipt this Period 35.00

B. Full Name (Last, First, Middle Initial)
MR EDMUND S CHILDS, JR

Mailing Address 71 MORGAN RDG
GLENNEADOW

City LONGMEADOW State MA Zip Code 01106

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 11 / 17 / 2006
Transaction ID: SA11AI.61741
Amount of Each Receipt this Period 15.00

C. Full Name (Last, First, Middle Initial)
MR EDMUND S CHILDS, JR

Mailing Address 71 MORGAN RDG
GLENNEADOW

City LONGMEADOW State MA Zip Code 01106

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 221.00

Date of Receipt 11 / 27 / 2006
Transaction ID: SA11AI.56927
Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional) ▶ 65.00

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 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR WILLIAM CHILTON, JR
Mailing Address 3437 W 7TH ST #138
City FORT WORTH State TX Zip Code 76107
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 769.00
Date of Receipt 10 / 31 / 2006
Transaction ID: SA11AI.56930
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
MR GEORGE C CLARK, JR
Mailing Address 22 GLADDING RD
City CALDWELL State NJ Zip Code 07006
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 661.00
Date of Receipt 11 / 17 / 2006
Transaction ID: SA11AI.56980
Amount of Each Receipt this Period 35.00

C. Full Name (Last, First, Middle Initial)
MRS ELIZABETH COCHRAN
Mailing Address 459 PASSAIC AVE APT 306
City WEST CALDWELL State NJ Zip Code 07006
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 30 / 2006
Transaction ID: SA11AI.57026
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 285.00
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 / 78
(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 M C CONKLIN

Mailing Address 2796 S MAIN RD

City State Zip Code
LEBANON OR 97355

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
237.00

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

Transaction ID: SA11AI.57072

Amount of Each Receipt this Period
26.00

B.

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

Mailing Address 2796 S MAIN RD

City State Zip Code
LEBANON OR 97355

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11AI.57071

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MS NORMA E COREY

Mailing Address 9 ORCHARD HILL RD

City State Zip Code
GOFFSTOWN NH 03045

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
263.00

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

Transaction ID: SA11AI.57126

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **126.00**

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 / 78
(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
							17

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

A. Full Name (Last, First, Middle Initial)
MS LOIS CRANTZ

Mailing Address 617 TERRA CALIFORNIA

City State Zip Code
WALNUT CREEK CA 94595

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 308.00

Date of Receipt: 11 / 17 / 2006
Transaction ID: SA11AI.57186
Amount of Each Receipt this Period: 35.00

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

Mailing Address 3554 GRANDVIEW DR

City State Zip Code
SAN ANGELO TX 76904

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 565.00

Date of Receipt: 10 / 23 / 2006
Transaction ID: SA11AI.57189
Amount of Each Receipt this Period: 100.00

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

Mailing Address 3554 GRANDVIEW DR

City State Zip Code
SAN ANGELO TX 76904

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 585.00

Date of Receipt: 11 / 13 / 2006
Transaction ID: SA11AI.57188
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ► 155.00

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 / 78
(check only one)

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

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

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

Mailing Address **12271 HESTER PL**

City **GARDEN GROVE** State **CA** Zip Code **92841**

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **10 / 20 / 2006**
Transaction ID: SA11AI.57190
 Amount of Each Receipt this Period **100.00**

B. Full Name (Last, First, Middle Initial)
MRS BERNADINE CROSBY

Mailing Address **117 SIDDLE DR**

City **CODY** State **WY** Zip Code **82414**

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 **10 / 20 / 2006**
Transaction ID: SA11AI.57213
 Amount of Each Receipt this Period **120.00**

C. Full Name (Last, First, Middle Initial)
MR JOSEPH DANKO

Mailing Address **11216 SHANNONDELL DR**

City **AUDUBON** State **PA** Zip Code **19403**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **10 / 20 / 2006**
Transaction ID: SA11AI.57314
 Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional) ► **240.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 78
(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 DANKO

Mailing Address 11216 SHANNONDELL DR

City State Zip Code
AUDUBON PA 19403

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.57316

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)
MR JOSEPH DANKO

Mailing Address 11216 SHANNONDELL DR

City State Zip Code
AUDUBON PA 19403

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 ▼ 265.00

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

Transaction ID: SA11AI.57315

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
MR WALTER DEFJEN

Mailing Address 41621 25TH ST W

City State Zip Code
PALMDALE CA 93551

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.57486

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **65.00**

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 / 78

(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 WALTER DEFJEN

Mailing Address 41621 25TH ST W

City State Zip Code
PALMDALE CA 93551

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

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

Transaction ID: SA11AI.57440

Amount of Each Receipt this Period

25.00

B.

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

Mailing Address 413 COVENTRY RD

City State Zip Code
SPICEWOOD TX 78669

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

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

Transaction ID: SA11AI.57559

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MR GEORGE DOMENICI

Mailing Address P O BOX 9493

City State Zip Code
ALBUQUERQUE NM 87119

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt

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

Transaction ID: SA11AI.57565

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional) ▶

200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 78
	<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 GEORGE DOMENICI		Date of Receipt
	Mailing Address P O BOX 9493		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 7 / 2 0 0 6
	City	State	Zip Code
	ALBUQUERQUE	NM	87119
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.57564
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 285.00	

B.	Full Name (Last, First, Middle Initial) MR LESTER DOREMIRE		Date of Receipt
	Mailing Address R R 1 BOX 138		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 6 / 2 0 0 6
	City	State	Zip Code
	CHALMERS	IN	47929
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.57585
Name of Employer N/A		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 715.00	

C.	Full Name (Last, First, Middle Initial) MR BREWSTER J DURKEE		Date of Receipt
	Mailing Address 5027 RIVER POINT RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 9 / 2 0 0 6
	City	State	Zip Code
	JACKSONVILLE	FL	32207
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.57669
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 35.00
		<input type="text"/> 230.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 115.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 22 / 78
(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)
RICHARD EBITSON

Mailing Address P O BOX 185

City State Zip Code
GARDEN VALLEY CA 95633

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
278.00

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

Transaction ID: SA11AI.57710

Amount of Each Receipt this Period
56.00

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

Mailing Address 6596 E QUAKER ST

City State Zip Code
ORCHARD PARK NY 14127

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 ▼
381.00

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

Transaction ID: SA11AI.57994

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
MRS FRANCES FEDORA

Mailing Address 17822 ACACIA DR

City State Zip Code
NORTH FORT MYERS FL 33917

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

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

Transaction ID: SA11AI.58006

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **131.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 78
	<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) MRS FRANCES FEDORA	Date of Receipt
	Mailing Address 17822 ACACIA DR	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 6 / 2 0 0 6
	City State Zip Code NORTH FORT MYERS FL 33917	Transaction ID: SA11AI.58007
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 35.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 236.00	

B.	Full Name (Last, First, Middle Initial) MRS THERESA FIORENTINO	Date of Receipt
	Mailing Address 1515 HILL DR	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 0 / 2 0 0 6
	City State Zip Code LOS ANGELES CA 90041	Transaction ID: SA11AI.58054
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 100.00
Name of Employer N/A	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 444.00	

C.	Full Name (Last, First, Middle Initial) MS INEZ FORDYCE	Date of Receipt
	Mailing Address 331A CLARKE ST	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 3 / 2 0 0 6
	City State Zip Code BISHOP CA 93514	Transaction ID: SA11AI.58135
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 100.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 235.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 235.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 78

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR FRED GARRETT

Mailing Address 321 S PALMERS CHAPEL RD

City State Zip Code
COTTONTOWN TN 37048

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

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

Transaction ID: SA11AI.58312

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 508 BARRINGTON AVE

City State Zip Code
EAST DUNDEE IL 60118

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

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

Transaction ID: SA11AI.58407

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 2101 N KENSINGTON WAY

City State Zip Code
HANFORD CA 93230

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

Date of Receipt

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

Transaction ID: SA11AI.58445

Amount of Each Receipt this Period
25.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 78

(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) AUGUST GRAMMAS		Date of Receipt																					
	Mailing Address 4376 COVE ISLAND DR N E		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</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>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	3		2	0	0	6														
City	State	Zip Code	Transaction ID: SA11AI.58496																					
MARIETTA	GA	30067	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	20.00																					
Name of Employer		Occupation																						
Receipt For:		Aggregate Year-to-Date ▼																						
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		215.00																						

B.	Full Name (Last, First, Middle Initial) MR S L GROFF		Date of Receipt																					
	Mailing Address 3106 FLORAL BLVD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	7		2	0	0	6														
City	State	Zip Code	Transaction ID: SA11AI.58574																					
BUTTE	MT	59701	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	80.00																					
Name of Employer		Occupation																						
Receipt For:		Aggregate Year-to-Date ▼																						
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		260.00																						

C.	Full Name (Last, First, Middle Initial) MS BETTY F HAGAN		Date of Receipt																					
	Mailing Address 1941 OVERBROOKE WAY		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</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>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	3		2	0	0	6														
City	State	Zip Code	Transaction ID: SA11AI.57793																					
AUSTELL	GA	30106	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		C	25.00																					
Name of Employer N/A		Occupation RETIRED																						
Receipt For:		Aggregate Year-to-Date ▼																						
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		341.00																						

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 78
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MS DORIS HAMILTON

Mailing Address 1300 N E 16TH AVE #1122

City State Zip Code
PORTLAND OR 97232

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11AI.58580

Amount of Each Receipt this Period

35.00

B.

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

Mailing Address 413 W CREEK ST

City State Zip Code
FREDERICKSBURG TX 78624

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

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

Transaction ID: SA11AI.58581

Amount of Each Receipt this Period

100.00

C.

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

Mailing Address 413 W CREEK ST

City State Zip Code
FREDERICKSBURG TX 78624

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

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

Transaction ID: SA11AI.58582

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

235.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 78
(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)
FAYE HANCOCK

Mailing Address 3014 FM 2609

City State Zip Code
NACOGDOCHES TX 75965

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

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

Transaction ID: SA11AI.58594

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
MR THOMAS H HANDY

Mailing Address 1109 ROBIN HOOD RD

City State Zip Code
STARKVILLE MS 39759

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.58598

Amount of Each Receipt this Period
70.00

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 N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

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

Transaction ID: SA11AI.58605

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 205.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 78

(check only one)

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

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

A.

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

Mailing Address 2275 W LA LOMA DR

City State Zip Code
RANCHO CORDOVA CA 95670

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

Name of Employer Occupation
AG EDWARDS & SONS VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 326.00

Date of Receipt

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

Transaction ID: SA11AI.58736

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 110 LINDEN ST #4

City State Zip Code
PAOLI IN 47454

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 ▼ 411.00

Date of Receipt

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

Transaction ID: SA11AI.58816

Amount of Each Receipt this Period
35.00

C.

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

Mailing Address 251 S OLDS BLVD APT 107F

City State Zip Code
FAIRLESS HILLS PA 19030

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

Name of Employer Occupation
SAMS CLUB MAINTENANCE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 283.00

Date of Receipt

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

Transaction ID: SA11AI.58822

Amount of Each Receipt this Period
79.00

SUBTOTAL of Receipts This Page (optional) ▶

214.00

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 29 / 78
	<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 DONALD E HIGHLAND	Date of Receipt MM / DD / YYYY 11 / 27 / 2006
	Mailing Address 251 S OLDS BLVD APT 107F	Transaction ID: SA11AI.58821
	City State Zip Code FAIRLESS HILLS PA 19030	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SAMS CLUB MAINTENANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 318.00	

B.	Full Name (Last, First, Middle Initial) MR LEN HOLTZ	Date of Receipt MM / DD / YYYY 10 / 19 / 2006
	Mailing Address 95 HGTS LN APT 52	Transaction ID: SA11AI.58902
	City State Zip Code FEASTERVILLE TREV O PA 19053	Amount of Each Receipt this Period 100.00
	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 ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) MR WILLIAM HUTCHINSON	Date of Receipt MM / DD / YYYY 10 / 30 / 2006
	Mailing Address 31723 OLMSTEAD RD	Transaction ID: SA11AI.59054
	City State Zip Code ROCKWOOD MI 48173	Amount of Each Receipt this Period 55.00
	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 ▼ 238.00	

SUBTOTAL of Receipts This Page (optional)	190.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 78

(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 TERRENCE JACOBS		Date of Receipt																					
	Mailing Address 3106 TREELINE DR		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	0		2	0	0	6														
	City State Zip Code MURRYSVILLE PA 15668		Transaction ID: SA11AI.59135																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00																						
Name of Employer Occupation		Aggregate Year-to-Date ▼ 235.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

B.	Full Name (Last, First, Middle Initial) MR CLARENCE A JERMYN		Date of Receipt																					
	Mailing Address 4810 N W HWY 72 LOT 118		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	0		2	0	0	6														
	City State Zip Code ARCADIA FL 34266		Transaction ID: SA11AI.59179																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00																						
Name of Employer Occupation N/A RETIRED		Aggregate Year-to-Date ▼ 237.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

C.	Full Name (Last, First, Middle Initial) MR BURT JORDAN		Date of Receipt																					
	Mailing Address 31 STONEBRIAR WAY		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</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>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	3		2	0	0	6														
	City State Zip Code FRISCO TX 75034		Transaction ID: SA11AI.59293																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Occupation		Aggregate Year-to-Date ▼ 350.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

SUBTOTAL of Receipts This Page (optional)	370.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 78
(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 BURT JORDAN

Mailing Address 31 STONEBRIAR WAY

City State Zip Code
FRISCO TX 75034

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

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

Transaction ID: SA11AI.59294

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
MR MAYNARD KAMBAK

Mailing Address 844 N WOODS AVE

City State Zip Code
FULLERTON CA 92832

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.00

Date of Receipt

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

Transaction ID: SA11AI.59326

Amount of Each Receipt this Period
35.00

C.

Full Name (Last, First, Middle Initial)
MS BARBARA KASLER

Mailing Address 19169 STRATHCONA DR

City State Zip Code
DETROIT MI 48203

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	0	6

Transaction ID: SA11AI.59351

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **335.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 78
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) FRED KERR		Date of Receipt
	Mailing Address 5310 HIGHWAY 65		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	CHILLICOTHE	MO	64601
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.59430
Name of Employer SELF		Occupation FARMER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="101.00"/>
		<input type="text" value="568.00"/>	

B.	Full Name (Last, First, Middle Initial) FRED KERR		Date of Receipt
	Mailing Address 5310 HIGHWAY 65		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	CHILLICOTHE	MO	64601
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.59432
Name of Employer SELF		Occupation FARMER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="35.00"/>
		<input type="text" value="603.00"/>	

C.	Full Name (Last, First, Middle Initial) FRED KERR		Date of Receipt
	Mailing Address 5310 HIGHWAY 65		<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	CHILLICOTHE	MO	64601
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.59431
Name of Employer SELF		Occupation FARMER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="35.00"/>
		<input type="text" value="638.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="171.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 78
(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 JOSEPH W KERRIGAN

Mailing Address 7807 GOVERNOR PRINTZ BLVD
#216

City State Zip Code
CLAYMONT DE 19703

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
286.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2006

Transaction ID: SA11AI.59436

Amount of Each Receipt this Period
35.00

B.

Full Name (Last, First, Middle Initial)
MR JOSEPH W KERRIGAN

Mailing Address 7807 GOVERNOR PRINTZ BLVD
#216

City State Zip Code
CLAYMONT DE 19703

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
321.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2006

Transaction ID: SA11AI.59437

Amount of Each Receipt this Period
35.00

C.

Full Name (Last, First, Middle Initial)
MR JOSEPH W KERRIGAN

Mailing Address 7807 GOVERNOR PRINTZ BLVD
#216

City State Zip Code
CLAYMONT DE 19703

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
356.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2006

Transaction ID: SA11AI.59438

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **105.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 78
(check only one)

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

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

A.

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

Mailing Address 33 LITTLEWORTH LN

City SEA CLIFF State NY Zip Code 11579

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 11 / 10 / 2006
Transaction ID: SA11AI.59598
Amount of Each Receipt this Period 38.00

B.

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

Mailing Address 835 LINDA DR

City CANYON LAKE State TX Zip Code 78133

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 284.00

Date of Receipt 10 / 23 / 2006
Transaction ID: SA11AI.59604
Amount of Each Receipt this Period 20.00

C.

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

Mailing Address 835 LINDA DR

City CANYON LAKE State TX Zip Code 78133

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 309.00

Date of Receipt 11 / 06 / 2006
Transaction ID: SA11AI.59606
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 83.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 78
(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 DANIEL KRAEMER

Mailing Address 835 LINDA DR

City State Zip Code
CANYON LAKE TX 78133

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
329.00

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

Transaction ID: SA11AI.59605

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 69 ALAMO COUNTRY CLB

City State Zip Code
ALAMO TX 78516

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

Name of Employer Occupation
DOCTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

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

Transaction ID: SA11AI.59608

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 69 ALAMO COUNTRY CLB

City State Zip Code
ALAMO TX 78516

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

Name of Employer Occupation
DOCTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

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

Transaction ID: SA11AI.59607

Amount of Each Receipt this Period
50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 78		
	<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

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 PAUL LIENEMANN		Date of Receipt MM / DD / YYYY 10 / 23 / 2006		
	Mailing Address 3024 S 101ST ST		Transaction ID: SA11AI.59843		
	City OMAHA	State NE	Zip Code 68124	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation		Aggregate Year-to-Date 250.00	

B.	Full Name (Last, First, Middle Initial) MR MILLER MAKEY		Date of Receipt MM / DD / YYYY 11 / 13 / 2006		
	Mailing Address 645 NEIL AVE APT 1023		Transaction ID: SA11AI.60044		
	City COLUMBUS	State OH	Zip Code 43215	Amount of Each Receipt this Period 35.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation		Aggregate Year-to-Date 205.00	

C.	Full Name (Last, First, Middle Initial) MR DOUGLAS H MANNING		Date of Receipt MM / DD / YYYY 10 / 23 / 2006		
	Mailing Address P O BOX 773		Transaction ID: SA11AI.60076		
	City YOAKUM	State TX	Zip Code 77995	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer N/A	Occupation RETIRED		Aggregate Year-to-Date 285.00	

SUBTOTAL of Receipts This Page (optional)	▶	185.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 37 / 78
(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 DOUGLAS H MANNING

Mailing Address P O BOX 773

City State Zip Code
YOAKUM TX 77995

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

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

Transaction ID: SA11AI.60077

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
DR HENRY MAY

Mailing Address 52 OAK HOLLOW CIR

City State Zip Code
LAKE JACKSON TX 77566

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

Name of Employer Occupation DOCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 223.00

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

Transaction ID: SA11AI.60202

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
TRUTH M MAY

Mailing Address 433 SYLVAN AVE SPC 139

City State Zip Code
MOUNTAIN VIEW CA 94041

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11AI.60203

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **225.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 78
(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 ELLA MAE MCGUIRE

Mailing Address 8725 E STONERIDGE ST

City State Zip Code
WICHITA KS 67206

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
322.00

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

Transaction ID: SA11AI.60312

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 8725 E STONERIDGE ST

City State Zip Code
WICHITA KS 67206

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
347.00

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

Transaction ID: SA11AI.60311

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
MR M P MCNEILL

Mailing Address 4115 CHOWAN AVE

City State Zip Code
CHESAPEAKE VA 23325

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
246.00

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

Transaction ID: SA11AI.60241

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **65.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 78

(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 RICHARD MEEKER		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6		
	Mailing Address 605 N E 70TH ST		Transaction ID: SA11AI.60377		
	City GLADSTONE	State MO	Zip Code 64118	Amount of Each Receipt this Period 250.00	
	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 ▼ 410.00			

B.	Full Name (Last, First, Middle Initial) MR FRED MELTZ		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6		
	Mailing Address 21966 DOLORES ST APT 229		Transaction ID: SA11AI.60396		
	City CASTRO VALLEY	State CA	Zip Code 94546	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NONE	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 335.00			

C.	Full Name (Last, First, Middle Initial) MR ALFRED B MITCHELL		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6		
	Mailing Address 9695 REGENCY CT		Transaction ID: SA11AI.60456		
	City OOLTEWAH	State TN	Zip Code 37363	Amount of Each Receipt this Period 15.00	
	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 ▼ 235.00			

SUBTOTAL of Receipts This Page (optional) ▶

290.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS MILDRED CAROLYN MOORE

Mailing Address 1340 S OSAGE AVE

City State Zip Code
BARTLESVILLE OK 74003

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 458.00

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

Transaction ID: SA11AI.56826

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
MR KENNETH MYERS

Mailing Address PO BOX 3280

City State Zip Code
YOUNTVILLE CA 94599

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

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

Transaction ID: SA11AI.60860

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
MRS ALICE L NAGEL

Mailing Address 3715 RAMBLEWOOD DR

City State Zip Code
PORT HURON MI 48060

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 411.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 3 / 2 0 0 6

Transaction ID: SA11AI.60872

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► 105.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 78
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MRS ALICE L NAGEL

Mailing Address 3715 RAMBLEWOOD DR

City State Zip Code
PORT HURON MI 48060

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.00

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

Transaction ID: SA11AI.60873

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MRS ALICE L NAGEL

Mailing Address 3715 RAMBLEWOOD DR

City State Zip Code
PORT HURON MI 48060

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 496.00

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

Transaction ID: SA11AI.60871

Amount of Each Receipt this Period
35.00

C.

Full Name (Last, First, Middle Initial)
MRS WILMA NIXON

Mailing Address 8701 MAYFIELD RD #121

City State Zip Code
CHESTERLAND OH 44026

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 439.00

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

Transaction ID: SA11AI.60989

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 78
(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)
ANNE OAKS

Mailing Address 5187 LOWER HONOAPIILANI RD

City LAHAINA State HI Zip Code 96761

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 10 / 20 / 2006
Transaction ID: SA11AI.61045
 Amount of Each Receipt this Period: 25.00

B.

Full Name (Last, First, Middle Initial)
CAPT GEORGE OCHS

Mailing Address 1141 HUS DR APT 105

City WATERTOWN State WI Zip Code 53098

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

Name of Employer US AIR FORCE Occupation OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 10 / 19 / 2006
Transaction ID: SA11AI.61059
 Amount of Each Receipt this Period: 35.00

C.

Full Name (Last, First, Middle Initial)
CAPT GEORGE OCHS

Mailing Address 1141 HUS DR APT 105

City WATERTOWN State WI Zip Code 53098

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

Name of Employer US AIR FORCE Occupation OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt: 11 / 06 / 2006
Transaction ID: SA11AI.61058
 Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ► 95.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 78
(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 RAY ODEN, JR
Mailing Address 702 THORA BLVD
City SHREVEPORT State LA Zip Code 71106
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2250.00
Date of Receipt 10 / 23 / 2006
Transaction ID: SA11AI.61074
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
MR HERMAN OSTROM
Mailing Address 4409 SILVERADO TRL
City CALISTOGA State CA Zip Code 94515
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 11 / 08 / 2006
Transaction ID: SA11AI.61127
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
MS MARGIE PACKARD
Mailing Address 123 HOLLY CT
City BOSTIC State NC Zip Code 28018
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00
Date of Receipt 11 / 13 / 2006
Transaction ID: SA11AI.61148
Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional) ► 1535.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 78
(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 PACKARD, MD

Mailing Address 720 SEABURY RD

City State Zip Code
BURLINGAME CA 94010

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

Name of Employer Occupation
SELF EMPLOYED MEDICAL DOCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.61149

Amount of Each Receipt this Period
50.00

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

Mailing Address 5 ATLANTIC ST

City State Zip Code
EAST HAMPTON NY 11937

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 206.39

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

Transaction ID: SA11AI.61177

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
MS CHARLOTTE PFLUGER

Mailing Address 403 RIO CONCHO DR APT 3303

City State Zip Code
SAN ANGELO TX 76903

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

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

Transaction ID: SA11AI.61329

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► 95.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS JOAN PINGHUK

Mailing Address 5381 OCEAN VIEW BLVD

City State Zip Code
LA CANADA FLINTRID CA 91011

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: 10 / 20 / 2006
Transaction ID: SA11AI.61366
Amount of Each Receipt this Period: 50.00

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

Mailing Address 1226 GOODWIN AVE

City State Zip Code
CHARLOTTE NC 28205

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 19 / 2006
Transaction ID: SA11AI.61405
Amount of Each Receipt this Period: 70.00

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

Mailing Address 5240 W COUNTY ROAD 56

City State Zip Code
LAPORTE CO 80535

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 274.00

Date of Receipt: 10 / 19 / 2006
Transaction ID: SA11AI.61413
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 145.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 5240 W COUNTY ROAD 56

City State Zip Code
LAPORTE CO 80535

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
299.00

Date of Receipt

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

Transaction ID: SA11AI.61414

Amount of Each Receipt this Period
25.00

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

Mailing Address 5240 W COUNTY ROAD 56

City State Zip Code
LAPORTE CO 80535

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
334.00

Date of Receipt

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

Transaction ID: SA11AI.61415

Amount of Each Receipt this Period
35.00

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

Mailing Address 2089 LAS POSAS RD

City State Zip Code
CORONA CA 92882

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

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

Transaction ID: SA11AI.61464

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **95.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MRS DOROTHY RICHARDS	Date of Receipt MM / DD / YYYY 10 / 23 / 2006
	Mailing Address 4306 SALEM TOWNE DR	Transaction ID: SA11AI.61505
	City State Zip Code WINSTON SALEM NC 27106	Amount of Each Receipt this Period 20.00
	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 ▼ 216.00

B.	Full Name (Last, First, Middle Initial) MRS DOROTHY RICHARDS	Date of Receipt MM / DD / YYYY 11 / 08 / 2006
	Mailing Address 4306 SALEM TOWNE DR	Transaction ID: SA11AI.61506
	City State Zip Code WINSTON SALEM NC 27106	Amount of Each Receipt this Period 20.00
	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 ▼ 236.00

C.	Full Name (Last, First, Middle Initial) W A RICHARDSON	Date of Receipt MM / DD / YYYY 10 / 27 / 2006
	Mailing Address 1225 N 97TH PLZ	Transaction ID: SA11AI.61518
	City State Zip Code OMAHA NE 68114	Amount of Each Receipt this Period 250.00
	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

SUBTOTAL of Receipts This Page (optional)	290.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 78
(check only one)

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

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

A.

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

Mailing Address H C 34 BOX 380

City State Zip Code
LEWISBURG WV 24901

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.61592

Amount of Each Receipt this Period
35.00

B.

Full Name (Last, First, Middle Initial)
MRS JOYCE E ROMANOWSKI

Mailing Address 3202 NORWOOD DR

City State Zip Code
FLINT MI 48503

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: SA11AI.61662

Amount of Each Receipt this Period
35.00

C.

Full Name (Last, First, Middle Initial)
MR ANTHONY RYAN

Mailing Address 393 DORCHESTER RD

City State Zip Code
LYME NH 03768

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.61727

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **320.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 78
(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)
ELIZABETH SCHAFER

Mailing Address 610 1ST ST

City State Zip Code
CORONADO CA 92118

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4100.00

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

Transaction ID: SA11AI.61837

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
COL EDWIN S SCHICK, JR

Mailing Address P O BOX 997

City State Zip Code
YUCCA VALLEY CA 92286

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

Name of Employer US MARINE CORPS Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.61851

Amount of Each Receipt this Period
70.00

C. Full Name (Last, First, Middle Initial)
MS JANET SCHRODER

Mailing Address 75450 ROAD 330

City State Zip Code
GRANT NE 69140

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.00

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

Transaction ID: SA11AI.61881

Amount of Each Receipt this Period
48.00

SUBTOTAL of Receipts This Page (optional) ► **618.00**

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 50 / 78
	<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) WALTER SHEK	Date of Receipt
	Mailing Address 12630 S LAFLIN ST	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 3 / 2 0 0 6
	City State Zip Code CALUMET PARK IL 60827	Transaction ID: SA11AI.62025
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 50.00
	Name of Employer N/A Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 652.00	

B.	Full Name (Last, First, Middle Initial) MR LEONARD SIGURDSEN	Date of Receipt
	Mailing Address 4169 W BIRCHVIEW RD	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 2 / 2 0 0 6
	City State Zip Code GRASSTON MN 55030	Transaction ID: SA11AI.62096
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 600.00
	Name of Employer SELF Occupation FARMER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 900.00	

C.	Full Name (Last, First, Middle Initial) MRS ELLEN SIMON	Date of Receipt
	Mailing Address 101 W WINDSOR RD # 3304	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 3 / 2 0 0 6
	City State Zip Code URBANA IL 61802	Transaction ID: SA11AI.62112
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 51.00
	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 277.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 701.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 78
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MR ELBERT C SMITH		Date of Receipt
	Mailing Address P O BOX 856		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6
	City	State	Zip Code
	RENTON	WA	98057
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.62201
Name of Employer N/A		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 260.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) MR IAN SONEGO		Date of Receipt
	Mailing Address 3537 KAHLERT AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6
	City	State	Zip Code
	LOUISVILLE	KY	40215
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.62462
Name of Employer STATE OF KENTUCKY		Occupation ATTORNEY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 235.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) MR IAN SONEGO		Date of Receipt
	Mailing Address 3537 KAHLERT AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 0 / 2 0 0 6
	City	State	Zip Code
	LOUISVILLE	KY	40215
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.62463
Name of Employer STATE OF KENTUCKY		Occupation ATTORNEY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 245.00	<input type="text"/> 10.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 60.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 78
	<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) DONALD STONE	Date of Receipt
	Mailing Address 1144 HARDCRABBLE RD	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 4 / 2 0 0 6
	City State Zip Code CASSVILLE NY 13318	Transaction ID: SA11AI.62615
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 35.00
	Name of Employer N/A Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 245.00	

B.	Full Name (Last, First, Middle Initial) MS JEAN TALMAGE	Date of Receipt
	Mailing Address 1138 DEVONSHIRE WAY	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 1 / 2 0 0 6
	City State Zip Code PALM BEACH GARDENS FL 33418	Transaction ID: SA11AI.62750
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
	Name of Employer N/A Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 525.00	

C.	Full Name (Last, First, Middle Initial) MR BILL TAYLOR	Date of Receipt
	Mailing Address 5643 E 8TH ST	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 4 / 2 0 0 6
	City State Zip Code TUCSON AZ 85711	Transaction ID: SA11AI.62772
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 15.00
	Name of Employer NONE Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 215.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 300.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 78
(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 ALFRED TOULON

Mailing Address P O BOX 666

City KOLOA State HI Zip Code 96756

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: 11 / 02 / 2006
Transaction ID: SA11AI.62942
 Amount of Each Receipt this Period: 50.00

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

Mailing Address P O BOX 666

City KOLOA State HI Zip Code 96756

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 11 / 27 / 2006
Transaction ID: SA11AI.62941
 Amount of Each Receipt this Period: 50.00

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

Mailing Address 7260 NIXON DR

City RIVERSIDE State CA Zip Code 92504

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 11 / 20 / 2006
Transaction ID: SA11AI.63007
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 78
(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 FRANK E VAN HOEGARDEN

Mailing Address 14037 S TAMARACK DR

City PLAINFIELD State IL Zip Code 60544

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 244.00

Date of Receipt

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

Transaction ID: SA11AI.58852

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
MS EVELYN VAN PATTEN

Mailing Address 201 LAKE ST #811

City OAK PARK State IL Zip Code 60302

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 226.00

Date of Receipt

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

Transaction ID: SA11AI.63071

Amount of Each Receipt this Period
35.00

C.

Full Name (Last, First, Middle Initial)
MRS MADONNA WALTISPERGER

Mailing Address 6462 FM 1144

City KARNES CITY State TX Zip Code 78118

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 306.00

Date of Receipt

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

Transaction ID: SA11AI.63170

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **110.00**

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

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

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

FOR LINE NUMBER: PAGE 55 / 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR HARMON WARD, JR
Mailing Address 12551 FLETCHER DR
City State Zip Code
GARDEN GROVE CA 92840
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 443.00
Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 6
Transaction ID: SA11AI.63182
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
CLARENCE L WATSON
Mailing Address 310 HESTER AVE LOT 201
City State Zip Code
DONNA TX 78537
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
NONE NOT EMPLOYED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 357.00
Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6
Transaction ID: SA11AI.62292
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
CLARENCE L WATSON
Mailing Address 310 HESTER AVE LOT 201
City State Zip Code
DONNA TX 78537
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
NONE NOT EMPLOYED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 377.00
Date of Receipt M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 0 6
Transaction ID: SA11AI.62293
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 70.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 78

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
A V WEATHERFORD

Mailing Address 24371 CRESTLAWN ST

City State Zip Code
WOODLAND HILLS CA 91367

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

Name of Employer Occupation
AEROSPACE CORP ENGINEER

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

Date of Receipt

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

Transaction ID: SA11AI.62302

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MRS MARCIA A WELSH

Mailing Address 1301 KINGS COVE CT

City State Zip Code
INDIANAPOLIS IN 46260

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 238.00

Date of Receipt

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

Transaction ID: SA11AI.62360

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)
BILL WESTOVER

Mailing Address 7900 BAKMAN AVE

City State Zip Code
SUN VALLEY CA 91352

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

Name of Employer Occupation

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

Date of Receipt

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

Transaction ID: SA11AI.62401

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional) ▶

125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 78
	<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) MS MARY ELIZABETH WHITE	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
	Mailing Address 4461 STACK BLVD APT E130	Transaction ID: SA11AI.63195
	City MELBOURNE State FL Zip Code 32901	Amount of Each Receipt this Period 101.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NONE Occupation RETIRED	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1117.00

B.	Full Name (Last, First, Middle Initial) MS MARY ELIZABETH WHITE	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6
	Mailing Address 4461 STACK BLVD APT E130	Transaction ID: SA11AI.63194
	City MELBOURNE State FL Zip Code 32901	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NONE Occupation RETIRED	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1147.00

C.	Full Name (Last, First, Middle Initial) MS MARY ELIZABETH WHITE	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6
	Mailing Address 4461 STACK BLVD APT E130	Transaction ID: SA11AI.63196
	City MELBOURNE State FL Zip Code 32901	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NONE Occupation RETIRED	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1182.00

SUBTOTAL of Receipts This Page (optional)	▶	166.00
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 58 / 78
	<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) ERNEST WILLS		Date of Receipt	
	Mailing Address PO BOX 1866		M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 6	
	City	State	Zip Code	Transaction ID: SA11AI.63292
	TWIN FALLS	ID	83303	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		50.00		
Name of Employer WILLS TOYOTA		Occupation GENERAL MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

B.	Full Name (Last, First, Middle Initial) MRS BETTY WOLFE		Date of Receipt	
	Mailing Address 1600 TEXAS ST APT 1611		M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
	City	State	Zip Code	Transaction ID: SA11AI.63361
	FORT WORTH	TX	76102	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		100.00		
Name of Employer N/A		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

C.	Full Name (Last, First, Middle Initial) MRS BETTY WOLFE		Date of Receipt	
	Mailing Address 1600 TEXAS ST APT 1611		M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
	City	State	Zip Code	Transaction ID: SA11AI.63360
	FORT WORTH	TX	76102	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		50.00		
Name of Employer N/A		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 59 / 78
(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 NATHANIEL WRIGHT

Mailing Address 8540 ELWYN AVE

City ELVERTA State CA Zip Code 95626

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 411.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11AI.63421

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR NATHANIEL WRIGHT

Mailing Address 8540 ELWYN AVE

City ELVERTA State CA Zip Code 95626

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 446.00

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

Transaction ID: SA11AI.63420

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **85.00**

TOTAL This Period (last page this line number only) ► **11439.00**

**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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) ALLIED PRINTING RESOURCES</p> <p>Mailing Address PO BOX 6506 455 WASINGTON AVE</p> <p>City CARLSTADT State NJ Zip Code 07072</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.63565</p> <p>Date of Disbursement 10 / 23 / 2006</p> <p>Amount of Each Disbursement this Period 585.00</p> <p>003 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ALLIED PRINTING RESOURCES</p> <p>Mailing Address PO BOX 6506 455 WASINGTON AVE</p> <p>City CARLSTADT State NJ Zip Code 07072</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.63576</p> <p>Date of Disbursement 10 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 945.00</p> <p>003 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) ALLIED PRINTING RESOURCES</p> <p>Mailing Address PO BOX 6506 455 WASINGTON AVE</p> <p>City CARLSTADT State NJ Zip Code 07072</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.63588</p> <p>Date of Disbursement 11 / 20 / 2006</p> <p>Amount of Each Disbursement this Period 6597.01</p> <p>003 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8127.01

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MR ALLEN BRANDSTATER Mailing Address 1241 OAK CIRCLE DRIVE City GLENDALE State CA Zip Code 91208 Purpose of Disbursement CONSULTING - MANAGEMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.55819 Date of Disbursement 11 / 27 / 2006	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) BULK MAILING & ADDRESSING, INC. Mailing Address 1328 CHARWOOD ROAD City HANOVER State MD Zip Code 21076 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63550 Date of Disbursement 10 / 23 / 2006	Amount of Each Disbursement this Period 1718.59
C.	Full Name (Last, First, Middle Initial) BULK MAILING & ADDRESSING, INC. Mailing Address 1328 CHARWOOD ROAD City HANOVER State MD Zip Code 21076 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63551 Date of Disbursement 10 / 30 / 2006	Amount of Each Disbursement this Period 1105.68

SUBTOTAL of Disbursements This Page (optional) ▶	3324.27
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 62 / 78

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

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

A. Full Name (Last, First, Middle Initial) CATTERTON PRINTING & MAILSHOP <hr/> Mailing Address 100 POST OFFICE RD <hr/> City WALDORF State MD Zip Code 20602 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63552 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
	Amount of Each Disbursement this Period 4916.05
	<input type="text" value="003"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) CATTERTON PRINTING & MAILSHOP <hr/> Mailing Address 100 POST OFFICE RD <hr/> City WALDORF State MD Zip Code 20602 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63553 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
	Amount of Each Disbursement this Period 5.10
	<input type="text" value="003"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) GLENDALE HILTON HOTEL <hr/> Mailing Address 100 W GLENOAKS BLVD <hr/> City GLENDALE State CA Zip Code 91202 <hr/> Purpose of Disbursement DEPOSIT - BOARD OF DIRECTORS MEETING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.55814 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
	Amount of Each Disbursement this Period 800.00
	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5721.15

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) IMAGENOW	Transaction ID: SB21B.63590
	Mailing Address 22701 W 68TH TERRACE	Date of Disbursement MM / DD / YYYY 11 / 20 / 2006
	City SJAWMEE State KS Zip Code 66226	Amount of Each Disbursement this Period 4454.50
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	003 Category/ Type
	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) KOREAN WAR VETS MUSEUM & LIB	Transaction ID: SB21B.63567
	Mailing Address 1007 PACESETTER DR	Date of Disbursement MM / DD / YYYY 10 / 23 / 2006
	City RANTOUL State IL Zip Code 61866	Amount of Each Disbursement this Period 204.00
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	003 Category/ Type
	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL	Transaction ID: SB21B.63555
	Mailing Address 21721-A FILIGREE CT	Date of Disbursement MM / DD / YYYY 10 / 30 / 2006
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period 751.32
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	003 Category/ Type
	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

5409.82

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) MDI IMAGING & MAIL</p> <p>Mailing Address 21721-A FILIGREE CT</p> <p>City ASHBURN State VA Zip Code 20147</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.63556 Date of Disbursement 11 / 27 / 2006</p> <p>Amount of Each Disbursement this Period 1702.25</p> <p>003 Category/ Type</p>
<p>B.</p> <p>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 Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.63558 Date of Disbursement 10 / 30 / 2006</p> <p>Amount of Each Disbursement this Period 8035.99</p> <p>001 Category/ Type</p>
<p>C.</p> <p>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 Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.63559 Date of Disbursement 11 / 20 / 2006</p> <p>Amount of Each Disbursement this Period 2140.89</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11879.13

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) RPA LIMITED PARTNERS	Transaction ID: SB21B.63561 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="4590.45"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS	Transaction ID: SB21B.63562 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="2550.25"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS	Transaction ID: SB21B.63563 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="4590.45"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11731.15"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS	Transaction ID: SB21B.63564 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="4590.45"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS	Transaction ID: SB21B.63572 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="10"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="4545.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS	Transaction ID: SB21B.63573 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="10"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="4545.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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) RPA LIMITED PARTNERS	Transaction ID: SB21B.63574 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	<input type="text" value="003"/> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS	Transaction ID: SB21B.63575 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	<input type="text" value="003"/> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS	Transaction ID: SB21B.63579 Date of Disbursement
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	<input type="text" value="003"/> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9595.00"/>
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) RPA LIMITED PARTNERS <hr/> Mailing Address 1420 SPRING HILL ROAD, SUITE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63580 Date of Disbursement 11 / 06 / 2006
	Amount of Each Disbursement this Period 4545.00
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS <hr/> Mailing Address 1420 SPRING HILL ROAD, SUITE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63581 Date of Disbursement 11 / 06 / 2006
	Amount of Each Disbursement this Period 4545.00
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS <hr/> Mailing Address 1420 SPRING HILL ROAD, SUITE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63582 Date of Disbursement 11 / 06 / 2006
	Amount of Each Disbursement this Period 4545.00
	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

13635.00

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

A. Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City MCLEAN State VA Zip Code 22102 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63583 Date of Disbursement 11 / 06 / 2006
	Amount of Each Disbursement this Period 4545.00
	Category/ Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City MCLEAN State VA Zip Code 22102 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63584 Date of Disbursement 11 / 14 / 2006
	Amount of Each Disbursement this Period 2525.00
	Category/ Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS Mailing Address 1420 SPRING HILL ROAD, SUITE 490 City MCLEAN State VA Zip Code 22102 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63585 Date of Disbursement 11 / 14 / 2006
	Amount of Each Disbursement this Period 4545.00
	Category/ Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

11615.00

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

A.	Full Name (Last, First, Middle Initial) RPA LIMITED PARTNERS	Transaction ID: SB21B.63586 Date of Disbursement 11 / 14 / 2006
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	Amount of Each Disbursement this Period 3535.00
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type 003	
B.	Full Name (Last, First, Middle Initial) RST MARKETING	Transaction ID: SB21B.63577 Date of Disbursement 10 / 30 / 2006
	Mailing Address 1272 CORPORATE PARK RD	Amount of Each Disbursement this Period 8346.12
	City FOREST State VA Zip Code 24551	
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type 003	
C.	Full Name (Last, First, Middle Initial) RST MARKETING	Transaction ID: SB21B.63587 Date of Disbursement 11 / 20 / 2006
	Mailing Address 1272 CORPORATE PARK RD	Amount of Each Disbursement this Period 3092.00
	City FOREST State VA Zip Code 24551	
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type 003	

SUBTOTAL of Disbursements This Page (optional) ▶

14973.12

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) ZIP MAILING SERVICES INC <hr/> Mailing Address 288 HANLEY INDUSTRIAL CT <hr/> City ST LOUIS State MO Zip Code 63144 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63571 Date of Disbursement 10 / 30 / 2006	Amount of Each Disbursement this Period 2758.00
B.	Full Name (Last, First, Middle Initial) ZIP MAILING SERVICES INC <hr/> Mailing Address 288 HANLEY INDUSTRIAL CT <hr/> City ST LOUIS State MO Zip Code 63144 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63578 Date of Disbursement 11 / 02 / 2006	Amount of Each Disbursement this Period 3150.00
C.	Full Name (Last, First, Middle Initial) ZIP MAILING SERVICES INC <hr/> Mailing Address 288 HANLEY INDUSTRIAL CT <hr/> City ST LOUIS State MO Zip Code 63144 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63591 Date of Disbursement 11 / 27 / 2006	Amount of Each Disbursement this Period 1592.00

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

117191.10

**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 checked="" 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)
ITHACA JOURNAL

Mailing Address 221 ORISKANY PLAZA

City State Zip Code
UTICA NY 13501

Purpose of Disbursement
NEWSPAPER AD

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.55808
Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

1092.00

B.

Full Name (Last, First, Middle Initial)
TUCSON NEWS

Mailing Address 110 S CHURCH AVE

City State Zip Code
TUCSON AZ 85701

Purpose of Disbursement
NEWSPAPER AD

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.55812
Date of Disbursement

11 / 07 / 2006

Amount of Each Disbursement this Period

1700.00

SUBTOTAL of Disbursements This Page (optional) ►

2792.00

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

2792.00

SCHEDULE C (FEC Form 3X)

LOANS

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

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

Transaction ID: SC/10.11562

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

MR ALLEN BRANDSTATER

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address 1241 OAK CIRCLE DRIVE

City GLENDALE State CA ZIP Code 91208

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	2300.00	700.00

TERMS

Date Incurred: M M 1 2 D D 0 2 Y Y Y Y 2 0 0 5 Date Due: ON DEMAND Interest Rate: 0 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)	<input type="text" value="700.00"/>
TOTALS This Period (last page in this line only)	<input type="text" value="700.00"/>

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period 11813.99		Transaction ID: SD10.40707	
Amount Incurred This Period 0.00	Payment This Period 2824.27	Outstanding Balance at Close of This Period 8989.72	

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

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

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

Outstanding Balance Beginning This Period 3144.55		Transaction ID: SD10.11518	
Amount Incurred This Period 1776.60	Payment This Period 4921.15	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional).....	54298.15
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)

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

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

Outstanding Balance Beginning This Period 25320.15		Transaction ID: SD10.40711	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25320.15	

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

Outstanding Balance Beginning This Period 16101.30		Transaction ID: SD10.40713	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 16101.30	

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

Outstanding Balance Beginning This Period 75.00		Transaction ID: SD10.40714	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 75.00	

1) SUBTOTALS This Period This Page (optional).....	41496.45
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

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

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

Outstanding Balance Beginning This Period 14646.48	Transaction ID: SD10.11519	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 14646.48

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

Outstanding Balance Beginning This Period 2585.00	Transaction ID: SD10.40717	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2585.00

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

Outstanding Balance Beginning This Period 3113.25	Transaction ID: SD10.40719	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3113.25

1) SUBTOTALS This Period This Page (optional).....	▶	20344.73
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="1790.98"/>		Transaction ID: SD10.11520	
Amount Incurred This Period <input type="text" value="662.59"/>	Payment This Period <input type="text" value="2453.57"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="35745.58"/>		Transaction ID: SD10.11521	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="35745.58"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="6419.67"/>		Transaction ID: SD10.11522	
Amount Incurred This Period <input type="text" value="3757.21"/>	Payment This Period <input type="text" value="10176.88"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="35745.58"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 78 / 78
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period 2843.40	Transaction ID: SD10.11523	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2843.40

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

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

1) SUBTOTALS This Period This Page (optional).....	14979.30
2) TOTALS This Period (last page this line number only).....	166864.21
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	700.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	167564.21