

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on 11 07 2006 in the State of  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 10 01 2006 through 10 18 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer SCOTT B MACKENZIE  
Signature of Treasurer Electronically Filed by SCOTT B MACKENZIE Date 09 02 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

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 .....	16666.77									
(c) Total Receipts (from Line 19) .....	22122.64	653805.02								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	38789.41	665862.25								
7. Total Disbursements (from Line 31) .....	13198.20	640271.04								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	25591.21	25591.21								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	181743.68									

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
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

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	2677.00	58724.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	19445.64	593645.14
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	22122.64	652369.14
(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) .....	22122.64	652369.14
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)) .....	22122.64	653805.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	22122.64	653805.02

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	13198.20	637036.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	13198.20	637036.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	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))..	13198.20	640271.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13198.20	640271.04

**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 .....	22122.64	652369.14
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22122.64	652344.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13198.20	637036.04
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	1435.88
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13198.20	635600.16

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

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

FOR LINE NUMBER: PAGE 6 / 29  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR DONALD ARTZ

Mailing Address 1203 WOODWARD AVE

City State Zip Code  
ROTHSCHILD WI 54474

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
224.00

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

**Transaction ID:** SA11AI.54752

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
MR DONALD BALLOU

Mailing Address 256 WEYBRIDGE ST

City State Zip Code  
MIDDLEBURY VT 05753

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 0 / 1 3 / 2 0 0 6

**Transaction ID:** SA11AI.55040

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
MR DONALD BALLOU

Mailing Address 256 WEYBRIDGE ST

City State Zip Code  
MIDDLEBURY VT 05753

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 ▼  
481.00

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

**Transaction ID:** SA11AI.55477

Amount of Each Receipt this Period  
100.00

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

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

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

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

FOR LINE NUMBER: PAGE 7 / 29  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR L F BEDWELL

Mailing Address 1321 EDGEWOOD DR

City Wellington State KS Zip Code 67152

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 ▼ 525.00

Date of Receipt 10 / 16 / 2006  
Transaction ID: SA11AI.55137  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
MS RUTH BOIVIE

Mailing Address 8 SENECCA DR

City MASSAPEQUA State NY Zip Code 11758

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 10 / 18 / 2006  
Transaction ID: SA11AI.55710  
Amount of Each Receipt this Period 35.00

**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 ▼ 446.00

Date of Receipt 10 / 06 / 2006  
Transaction ID: SA11AI.54625  
Amount of Each Receipt this Period 53.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 188.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 29
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) DR ROBERT BUCHANAN	Date of Receipt MM / DD / YYYY 10 / 18 / 2006
	Mailing Address 4751 EAGLERIDGE CIR #108	<b>Transaction ID:</b> SA11AI.55717
	City State Zip Code PUEBLO CO 81008	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation DOCTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR WILLIAM CHILTON, JR	Date of Receipt MM / DD / YYYY 10 / 16 / 2006
	Mailing Address 3437 W 7TH ST #138	<b>Transaction ID:</b> SA11AI.55129
	City State Zip Code FORT WORTH TX 76107	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 719.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR GEORGE C CLARK, JR	Date of Receipt MM / DD / YYYY 10 / 18 / 2006
	Mailing Address 22 GLADDING RD	<b>Transaction ID:</b> SA11AI.55723
	City State Zip Code CALDWELL NJ 07006	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 626.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>160.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 29  
(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)  
MRS ELIZABETH COCHRAN

Mailing Address 459 PASSAIC AVE APT 306

City State Zip Code  
**WEST CALDWELL NJ 07006**

FEC ID number of contributing federal political committee. C

Name of Employer NONE Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID: SA11AI.54136**

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS JAMES H COUNTRYMAN

Mailing Address 1700 GRAHAM AVE

City State Zip Code  
**ODESSA TX 79763**

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 ▼ 1195.00

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

**Transaction ID: SA11AI.54629**

Amount of Each Receipt this Period  
500.00

**C.**

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 ▼ 210.00

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

**Transaction ID: SA11AI.54539**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... 710.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 29  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR GREGORY DETWILER

Mailing Address RR 2 BOX 70

City State Zip Code  
WILLIAMSBURG PA 16693

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

Name of Employer Occupation  
SELF EMPLOYED FREELANCE WRITER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 603.00

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

**Transaction ID:** SA11AI.55145

Amount of Each Receipt this Period  
25.00

**B.** 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: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 222.00

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

**Transaction ID:** SA11AI.54615

Amount of Each Receipt this Period  
56.00

**C.** Full Name (Last, First, Middle Initial)  
MRS DORIS E GREEN

Mailing Address 1415 AYLSBURY ST

City State Zip Code  
SAN ANTONIO TX 78216

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 393.00

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

**Transaction ID:** SA11AI.55133

Amount of Each Receipt this Period  
80.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) FAYE HANCOCK		Date of Receipt
	Mailing Address 3014 FM 2609		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	NACOGDOCHES	TX	75965
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NONE		Occupation RETIRED	<b>Transaction ID:</b> SA11AI.54106
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="210.00"/>	<input type="text" value="35.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) MS EDITH HICKMAN		Date of Receipt
	Mailing Address 110 LINDEN ST #4		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	PAOLI	IN	47454
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NONE		Occupation RETIRED	<b>Transaction ID:</b> SA11AI.55128
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="376.00"/>	<input type="text" value="35.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) MR RICHARD HOHN		Date of Receipt
	Mailing Address 7889 SHELLDALE WAY		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	CINCINNATI	OH	45242
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DRINEY CORP		Occupation SALES ENGINEER	<b>Transaction ID:</b> SA11AI.54778
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="100.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="170.00"/>
<b>TOTAL</b> 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 / 29
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR ARTHUR HUDSON	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 6
	Mailing Address 120 ECHO DR	<b>Transaction ID:</b> SA11AI.55136
	City State Zip Code HENDERSONVILLE NC 28739	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 326.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR CHRIS KAMEN	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6
	Mailing Address 1051 ARBOLADO RD	<b>Transaction ID:</b> SA11AI.54775
	City State Zip Code SANTA BARBARA CA 93103	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 220.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR WALTER H KLEINER	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6
	Mailing Address 1725 89TH PL N E	<b>Transaction ID:</b> SA11AI.54770
	City State Zip Code CLYDE HILL WA 98004	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 341.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	85.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 29  
(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)  
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 NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 302.00

Date of Receipt: 10 / 16 / 2006  
**Transaction ID: SA11AI.55130**  
 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 ▼ 264.00

Date of Receipt: 10 / 06 / 2006  
**Transaction ID: SA11AI.54604**  
 Amount of Each Receipt this Period: 20.00

**C.** Full Name (Last, First, Middle Initial)  
MR WALTER J LAKE, SR

Mailing Address 71 SHORE DR

City LARCHMONT State NY Zip Code 10538

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

Name of Employer THE LAKE GROUP Occupation EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 05 / 2006  
**Transaction ID: SA11AI.54536**  
 Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 158.00

**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 / 29  
(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 ROBERT H LOWELL

Mailing Address 108 BALDWIN ST  
APT 408

City State Zip Code  
GRANITE FALLS MN 56241

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
430.00

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

Transaction ID: SA11AI.54634

Amount of Each Receipt this Period  
30.00

**B.**

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  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

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

Transaction ID: SA11AI.54076

Amount of Each Receipt this Period  
20.00

**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  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
226.00

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

Transaction ID: SA11AI.55139

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **60.00**

**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 / 29

(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)  
MRS MARY MUTH

Mailing Address 2233 WESTWOOD AVE

City State Zip Code  
SANTA ANA CA 92706

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

Name of Employer Occupation  
ORCO BLOCK CO MANAGER

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

Date of Receipt

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

Transaction ID: SA11AI.54142

Amount of Each Receipt this Period

50.00

**B.**

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

Mailing Address 9396 SPARKS WAY

City State Zip Code  
SACRAMENTO CA 95827

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

Name of Employer Occupation  
US NAVY RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
215.00

Date of Receipt

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

Transaction ID: SA11AI.55053

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS JOHN NUSSBAUM

Mailing Address 27 BLUEBERRY LN

City State Zip Code  
DARIEN CT 06820

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
265.00

Date of Receipt

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

Transaction ID: SA11AI.55127

Amount of Each Receipt this Period

20.00

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

100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ANNE OAKS		Date of Receipt
	Mailing Address 5187 LOWER HONOAPIILANI RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 0 / 2 0 0 6
	City	State	Zip Code
	LAHAINA	HI	96761
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> SA11AI.54763
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 205.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DR PETER PACKARD, MD		Date of Receipt
	Mailing Address 720 SEABURY RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 6 / 2 0 0 6
	City	State	Zip Code
	BURLINGAME	CA	94010
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> SA11AI.54607
Name of Employer SELF EMPLOYED		Occupation MEDICAL DOCTOR	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"/> 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR PAUL E PAWLAK		Date of Receipt
	Mailing Address 5472 S HARLAN DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 7 / 2 0 0 6
	City	State	Zip Code
	ROCHELLE	IL	61068
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> SA11AI.55497
Name of Employer CHRYSLER		Occupation TOOL & DIE MAKER	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"/> 100.00
		<input type="text"/> 226.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 165.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 29

(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)  
MS MATILE RAYA

Mailing Address 3509 GRIFFITH PARK BLVD

City State Zip Code  
LOS ANGELES CA 90027

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 314.00

Date of Receipt

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

Transaction ID: SA11AI.54085

Amount of Each Receipt this Period

25.00

**B.**

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 Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 265.00

Date of Receipt

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

Transaction ID: SA11AI.54075

Amount of Each Receipt this Period

25.00

**C.**

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 Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 295.00

Date of Receipt

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

Transaction ID: SA11AI.54385

Amount of Each Receipt this Period

30.00

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

80.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS MARTHA SCHULTZ		Date of Receipt
	Mailing Address 10848 W CANTERBURY DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	SUN CITY	AZ	85351
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.54601
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 209.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MS MABEL P SHIELDS		Date of Receipt
	Mailing Address 5955 HICKORY GROVE RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	GREENSBORO	NC	27409
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.55498
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 204.00	

<b>C.</b>	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 Y
	City	State	Zip Code
	URBANA	IL	61802
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.55050
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"/> 226.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 85.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 29
	(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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) KAYE SMITH		Date of Receipt
	Mailing Address 15982 EL SONETO DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	WHITTIER	CA	90603
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer NONE		Occupation RETIRED	Transaction ID: SA11AI.54610
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 252.00	<input type="text"/> 38.00

<b>B.</b>	Full Name (Last, First, Middle Initial) DR MILDRED M THOMAS		Date of Receipt
	Mailing Address 2935 N WILLIAMETTE BLVD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	PORTLAND	OR	97217
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer		Occupation DOCTOR	Transaction ID: SA11AI.55748
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 286.00	<input type="text"/> 20.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS FRANCES L TORGERSON		Date of Receipt
	Mailing Address 225 RIVERSIDE AVE NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	MCINTOSH	MN	56556
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer NONE		Occupation RETIRED	Transaction ID: SA11AI.54609
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 240.00	<input type="text"/> 75.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 133.00
<b>TOTAL</b> 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 20 / 29
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR FRANK E VAN HOEGARDEN	Date of Receipt MM / DD / YYYY 10 / 18 / 2006
	Mailing Address 14037 S TAMARACK DR	<b>Transaction ID:</b> SA11AI.55725
	City State Zip Code PLAINFIELD IL 60544	Amount of Each Receipt this Period 37.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS BETTY WOLFE	Date of Receipt MM / DD / YYYY 10 / 13 / 2006
	Mailing Address 1600 TEXAS ST APT 1611	<b>Transaction ID:</b> SA11AI.55056
	City State Zip Code FORT WORTH TX 76102	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR EDWARD WOODS	Date of Receipt MM / DD / YYYY 10 / 17 / 2006
	Mailing Address 1080 ROCK CREEK RD	<b>Transaction ID:</b> SA11AI.55479
	City State Zip Code WEISER ID 83672	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer RETIRED	Occupation BORDER PATROL AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>162.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 21 / 29	
	(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"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR E CARSON YATES		Date of Receipt																					
	Mailing Address 3800 CHESAPEAKE AVE		<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>1</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		1	7		2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	7		2	0	0	6														
	City State Zip Code HAMPTON VA 23669		<b>Transaction ID:</b> SA11AI.55508																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00																						
Name of Employer DIXIE POTTERY		Occupation BUSINESSMAN																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 241.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2677.00

**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)

PAGE 22 / 29

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

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

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

A.	Full Name (Last, First, Middle Initial) MR ALLEN BRANDSTATER	Transaction ID: SB21B.54059 Date of Disbursement																			
	Mailing Address 1241 OAK CIRCLE DRIVE	<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>0</td><td>4</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		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	4		2	0	0	6												
	City GLENDALE State CA Zip Code 91208	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONSULTING FEE & MANAGEMENT	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) MR ALLEN BRANDSTATER	Transaction ID: SB21B.54060 Date of Disbursement																			
	Mailing Address 1241 OAK CIRCLE DRIVE	<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>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	1		2	0	0	6												
	City GLENDALE State CA Zip Code 91208	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONSULTING FEE & MANAGEMENT	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) MR ALLEN BRANDSTATER	Transaction ID: SB21B.54061 Date of Disbursement																			
	Mailing Address 1241 OAK CIRCLE DRIVE	<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>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	0	6												
	City GLENDALE State CA Zip Code 91208	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONSULTING FEE & MANAGEMENT	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00
3000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 29

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

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

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

A.	Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL	Transaction ID: SB21B.54056 Date of Disbursement
	Mailing Address 21721-A FILIGREE CT	<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL Candidate Name	<input type="text" value="9889.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<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) JOHN PHILIP SOUSA	Transaction ID: SB21B.54058 Date of Disbursement
	Mailing Address 145 WATERVILLE ROAD	<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2006"/>
	City FARMINGTON State CT Zip Code 06032	Amount of Each Disbursement this Period
	Purpose of Disbursement board reimbursement--for 12/2006 Candidate Name	<input type="text" value="309.20"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value=""/> Category/ Type
	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 C (FEC Form 3X)**

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

FOR LINE 13 OF FORM 3X

**LOANS**

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

**Transaction ID: SC/10.11562**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MR ALLEN BRANDSTATER	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1241 OAK CIRCLE DRIVE	
City GLENDALE State CA ZIP Code 91208	

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

**TERMS**

Date Incurred MM DD YY 12 02 2005	Date Due ON DEMAND	Interest Rate 0.0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	-----------------------	---------------------------------	---

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="700.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" 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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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		<b>Transaction ID:</b> SD10.40707	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11813.99	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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		<b>Transaction ID:</b> SD10.11517	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 45308.43	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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		<b>Transaction ID:</b> SD10.11518	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3144.55	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	60266.97
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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		<b>Transaction ID: SD10.40711</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25320.15	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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		<b>Transaction ID: SD10.40713</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 16101.30	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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		<b>Transaction ID: SD10.40714</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 75.00	

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

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

<b>B.</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 MANASSAS	State VA	ZIP Code 20112	

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

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

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

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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="11679.98"/>		<b>Transaction ID: SD10.11520</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="9889.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1790.98"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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"/>		<b>Transaction ID: SD10.11521</b>	
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"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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"/>		<b>Transaction ID: SD10.11522</b>	
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="6419.67"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="43956.23"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	14979.30
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	181043.68
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	700.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	181743.68