

**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 07 29 2009

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

Table with 7 columns and 1 row for Office Use Only.

FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From:

M	M
1	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"><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 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)	135900.11									

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2677.00	58724.00
(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)

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.....	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

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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: (check only one)	PAGE 6 / 27
	<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 MM / DD / YYYY 10 / 10 / 2006
	Mailing Address 1203 WOODWARD AVE	Transaction ID: SA11AI.54752
	City State Zip Code ROTHSCHILD WI 54474	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 ▼ 224.00

B.	Full Name (Last, First, Middle Initial) MR DONALD BALLOU	Date of Receipt MM / DD / YYYY 10 / 13 / 2006
	Mailing Address 256 WEYBRIDGE ST	Transaction ID: SA11AI.55040
	City State Zip Code MIDDLEBURY VT 05753	Amount of Each Receipt this Period 35.00
	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 ▼ 381.00

C.	Full Name (Last, First, Middle Initial) MR DONALD BALLOU	Date of Receipt MM / DD / YYYY 10 / 17 / 2006
	Mailing Address 256 WEYBRIDGE ST	Transaction ID: SA11AI.55477
	City State Zip Code MIDDLEBURY VT 05753	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 ▼ 481.00

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: (check only one)	PAGE 7 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MR L F BEDWELL	Date of Receipt MM / DD / YYYY 10 / 16 / 2006
	Mailing Address 1321 EDGEWOOD DR	Transaction ID: SA11AI.55137
	City Wellington State KS Zip Code 67152	Amount of Each Receipt this Period 100.00
	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) <input type="checkbox"/> Aggregate Year-to-Date 525.00	

B.	Full Name (Last, First, Middle Initial) MS RUTH BOIVIE	Date of Receipt MM / DD / YYYY 10 / 18 / 2006
	Mailing Address 8 SENECCA DR	Transaction ID: SA11AI.55710
	City MASSAPEQUA State NY Zip Code 11758	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) <input type="checkbox"/> Aggregate Year-to-Date 246.00	

C.	Full Name (Last, First, Middle Initial) MRS SUSAN BRUNOFF	Date of Receipt MM / DD / YYYY 10 / 06 / 2006
	Mailing Address 334 W CEDAR ST	Transaction ID: SA11AI.54625
	City NEW HOLLAND State PA Zip Code 17557	Amount of Each Receipt this Period 53.00
	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) <input type="checkbox"/> Aggregate Year-to-Date 446.00	

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: PAGE 8 / 27
(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)
DR ROBERT BUCHANAN

Mailing Address 4751 EAGLERIDGE CIR #108

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation DOCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 10 / 18 / 2006
Transaction ID: SA11AI.55717
Amount of Each Receipt this Period 35.00

B. 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 NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 719.00

Date of Receipt 10 / 16 / 2006
Transaction ID: SA11AI.55129
Amount of Each Receipt this Period 50.00

C. 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 NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 626.00

Date of Receipt 10 / 18 / 2006
Transaction ID: SA11AI.55723
Amount of Each Receipt this Period 75.00

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 9 / 27
(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 ELIZABETH COCHRAN

Mailing Address **459 PASSAIC AVE APT 306**

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

Date of Receipt MM / DD / YYYY
10 / 02 / 2006

Transaction ID: SA11AI.54136

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period 200.00

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Mailing Address **1700 GRAHAM AVE**

City **ODESSA** State **TX** Zip Code **79763**

Date of Receipt MM / DD / YYYY
10 / 06 / 2006

Transaction ID: SA11AI.54629

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period 500.00

Name of Employer **NONE** Occupation **HOMEMAKER**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1195.00

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

Mailing Address **11216 SHANNONDELL DR**

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

Date of Receipt MM / DD / YYYY
10 / 05 / 2006

Transaction ID: SA11AI.54539

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period 10.00

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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 / 27
(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 GREGORY DETWILER

Mailing Address RR 2 BOX 70

City WILLIAMSBURG State PA Zip Code 16693

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

Name of Employer SELF EMPLOYED Occupation FREELANCE WRITER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 603.00

Date of Receipt: 10 / 16 / 2006
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 GARDEN VALLEY State CA Zip Code 95633

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: 10 / 06 / 2006
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 SAN ANTONIO State TX Zip Code 78216

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 ▼ 393.00

Date of Receipt: 10 / 16 / 2006
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 / 27
	<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) FAYE HANCOCK		Date of Receipt
	Mailing Address 3014 FM 2609		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 2 / 2 0 0 6
	City	State	Zip Code
	NACOGDOCHES	TX	75965
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.54106
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 ▼ 210.00	<input type="text"/> 35.00

B.	Full Name (Last, First, Middle Initial) MS EDITH HICKMAN		Date of Receipt
	Mailing Address 110 LINDEN ST #4		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 6 / 2 0 0 6
	City	State	Zip Code
	PAOLI	IN	47454
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.55128
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 ▼ 376.00	<input type="text"/> 35.00

C.	Full Name (Last, First, Middle Initial) MR RICHARD HOHN		Date of Receipt
	Mailing Address 7889 SHELLDALE WAY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 0 / 2 0 0 6
	City	State	Zip Code
	CINCINNATI	OH	45242
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.54778
Name of Employer DRINEY CORP		Occupation SALES ENGINEER	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 ▼ 300.00	<input type="text"/> 100.00

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 / 27
	<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 ARTHUR HUDSON		Date of Receipt
	Mailing Address 120 ECHO DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 16 / 2006
	City	State	Zip Code
	HENDERSONVILLE	NC	28739
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.55136
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 ▼ 326.00	<input type="text"/> 10.00

B.	Full Name (Last, First, Middle Initial) MR CHRIS KAMEN		Date of Receipt
	Mailing Address 1051 ARBOLADO RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 10 / 2006
	City	State	Zip Code
	SANTA BARBARA	CA	93103
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.54775
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 ▼ 220.00	<input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) MR WALTER H KLEINER		Date of Receipt
	Mailing Address 1725 89TH PL N E		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 10 / 2006
	City	State	Zip Code
	CLYDE HILL	WA	98004
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.54770
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 ▼ 341.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 85.00
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 13 / 27
(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 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 / 27

(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 ROBERT H LOWELL		Date of Receipt MM / DD / YYYY 10 / 06 / 2006		
	Mailing Address 108 BALDWIN ST APT 408		Transaction ID: SA11AI.54634		
	City GRANITE FALLS	State MN	Zip Code 56241	Amount of Each Receipt this Period 30.00	
	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 ▼ 430.00			

B.	Full Name (Last, First, Middle Initial) MR M P MCNEILL		Date of Receipt MM / DD / YYYY 10 / 02 / 2006		
	Mailing Address 4115 CHOWAN AVE		Transaction ID: SA11AI.54076		
	City CHESAPEAKE	State VA	Zip Code 23325	Amount of Each Receipt this Period 20.00	
	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 ▼ 216.00			

C.	Full Name (Last, First, Middle Initial) MR M P MCNEILL		Date of Receipt MM / DD / YYYY 10 / 16 / 2006		
	Mailing Address 4115 CHOWAN AVE		Transaction ID: SA11AI.55139		
	City CHESAPEAKE	State VA	Zip Code 23325	Amount of Each Receipt this Period 10.00	
	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 ▼ 226.00			

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 / 27
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MRS MARY 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: PAGE 16 / 27
(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)
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 ▼ 205.00

Date of Receipt: 10 / 10 / 2006
Transaction ID: SA11AI.54763
Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
DR PETER PACKARD, MD

Mailing Address 720 SEABURY RD

City BURLINGAME State CA Zip Code 94010

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

Name of Employer SELF EMPLOYED Occupation MEDICAL DOCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 10 / 06 / 2006
Transaction ID: SA11AI.54607
Amount of Each Receipt this Period: 35.00

C. Full Name (Last, First, Middle Initial)
MR PAUL E PAWLAK

Mailing Address 5472 S HARLAN DR

City ROCHELLE State IL Zip Code 61068

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

Name of Employer CHRYSLER Occupation TOOL & DIE MAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 226.00

Date of Receipt: 10 / 17 / 2006
Transaction ID: SA11AI.55497
Amount of Each Receipt this Period: 100.00

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 17 / 27
(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)
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 NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 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 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 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 NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt
M M / D D / Y Y Y Y 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: PAGE 18 / 27
(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)
MS MARTHA SCHULTZ

Mailing Address 10848 W CANTERBURY DR

City State Zip Code
SUN CITY AZ 85351

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 ▼ 209.00

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

Transaction ID: SA11AI.54601

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
MS MABEL P SHIELDS

Mailing Address 5955 HICKORY GROVE RD

City State Zip Code
GREENSBORO NC 27409

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 ▼ 204.00

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

Transaction ID: SA11AI.55498

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
MRS ELLEN SIMON

Mailing Address 101 W WINDSOR RD # 3304

City State Zip Code
URBANA IL 61802

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 Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: SA11AI.55050

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) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 27
(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)
KAYE SMITH

Mailing Address 15982 EL SONETO DR

City State Zip Code
WHITTIER CA 90603

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 ▼ 252.00

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

Transaction ID: SA11AI.54610

Amount of Each Receipt this Period
38.00

B.

Full Name (Last, First, Middle Initial)
DR MILDRED M THOMAS

Mailing Address 2935 N WILLIAMETTE BLVD

City State Zip Code
PORTLAND OR 97217

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

Name of Employer Occupation DOCTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

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

Transaction ID: SA11AI.55748

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
MRS FRANCES L TORGERSON

Mailing Address 225 RIVERSIDE AVE NE

City State Zip Code
MCINTOSH MN 56556

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 ▼ 240.00

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

Transaction ID: SA11AI.54609

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **133.00**

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 / 27
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MR FRANK E VAN HOEGARDEN

Mailing Address 14037 S TAMARACK DR

City State Zip Code
PLAINFIELD IL 60544

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
219.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2006

Transaction ID: SA11AI.55725

Amount of Each Receipt this Period
37.00

B. Full Name (Last, First, Middle Initial)
MRS BETTY WOLFE

Mailing Address 1600 TEXAS ST APT 1611

City State Zip Code
FORT WORTH TX 76102

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 ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 13 / 2006

Transaction ID: SA11AI.55056

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR EDWARD WOODS

Mailing Address 1080 ROCK CREEK RD

City State Zip Code
WEISER ID 83672

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

Name of Employer Occupation
RETIRED BORDER PATROL AGENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt
MM / DD / YYYY
10 / 17 / 2006

Transaction ID: SA11AI.55479

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **162.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 27

(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 E CARSON YATES

Mailing Address 3800 CHESAPEAKE AVE

City	State	Zip Code
HAMPTON	VA	23669

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

Name of Employer DIXIE POTTERY	Occupation BUSINESSMAN
-----------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
241.00

Date of Receipt

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

Transaction ID: SA11AI.55508

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL 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)

<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	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) ▼																			

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 27

<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 Mailing Address 21721-A FILIGREE CT City ASHBURN State VA Zip Code 20147 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.54056 Date of Disbursement 10 / 02 / 2006
	Amount of Each Disbursement this Period 9889.00 Category/Type: 003
B. Full Name (Last, First, Middle Initial) JOHN PHILIP SOUSA Mailing Address 145 WATERVILLE ROAD City FARMINGTON State CT Zip Code 06032 Purpose of Disbursement board reimbursement--for 12/2006 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.54058 Date of Disbursement 10 / 04 / 2006
	Amount of Each Disbursement this Period 309.20 Category/Type:

SUBTOTAL of Disbursements This Page (optional) ▶

10198.20

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

13198.20

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

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

Transaction ID: SC/10.11562

LOAN SOURCE Full Name (Last, First, Middle Initial) MR ALLEN BRANDSTATER	Election: <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
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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
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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"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="700.00"/>
TOTALS 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

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

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 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3144.55	

1) SUBTOTALS This Period This Page (optional).....	51277.25
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor COLORTREE			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 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		Transaction ID: SD10.11519	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 14646.48	

C. 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 11679.98		Transaction ID: SD10.11520	
Amount Incurred This Period 0.00	Payment This Period 9889.00	Outstanding Balance at Close of This Period 1790.98	

1) SUBTOTALS This Period This Page (optional).....	▶	41757.61
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 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		Transaction ID: SD10.11521	
35745.58			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	35745.58	

B. 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		Transaction ID: SD10.11522	
6419.67			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	6419.67	

1) SUBTOTALS This Period This Page (optional).....	▶	42165.25
2) TOTALS This Period (last page this line number only).....	▶	135200.11
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)	▶	135900.11