

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

ADDRESS (number and street)

2029 VERDUGO BLVD #1020

(Check if address is changed)

MONTROSE

CA

91020

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

AllenBrandstater@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

8189577801

2. DATE

09 / 26 / 2006

3. FEC IDENTIFICATION NUMBER

C C00412718

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

MR JOHN W LEUTHOLD

Signature of Treasurer

Electronically Filed by MR JOHN W LEUTHOLD

Date

09 / 27 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

None _____

Mailing Address _____

 _____ - _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **MR ALLEN BRANDSTATER**

Mailing Address **1241 OAK CIRCLE DRIVE**

GLENDALE CA 91208

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

EXECUTIVE DIRECTOR Telephone number 818 248 7754

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **MR JOHN W LEUTHOLD**

Mailing Address **2029 VERDUGO BLVD**

SUITE 1020

MONTROSE CA 91020

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

TREASURER Telephone number 818 951 6380

Full Name of Designated Agent **MR ALLEN BRANDSTATER**

Mailing Address **1241 OAK CIRCLE DRIVE**

GLENDALE CA 91208

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

EXECUTIVE DIRECTOR Telephone number 818 426 3716

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

WELLS FARGO BANK

Mailing Address

PO BOX 5247

DENVER

CO

80274

CITY ▲

STATE ▲

ZIP CODE ▲

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address
 -
CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

 -
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number - -

