

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 04 01 2008 through 06 30 2008

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 30 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.

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		2470.13
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	8638.17									
(c) Total Receipts (from Line 19)	43820.82	109949.61								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	52458.99	112419.74								
7. Total Disbursements (from Line 31)	49622.55	109583.30								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2836.44	2836.44								
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)	41884.43									

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

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)	4646.00	8993.00
(ii) Unitemized	25512.64	72513.69
(iii) TOTAL (add Lines 11(a)(i) and (ii)	30158.64	81506.69
(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)	30158.64	81506.69
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	1976.61
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	13662.18	26466.31
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))	43820.82	109949.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	43820.82	109949.61

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.....	44622.55	104583.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	44622.55	104583.30
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	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	5000.00	5000.00
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))..	49622.55	109583.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49622.55	109583.30

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 32

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)	30158.64	81506.69
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30158.64	81506.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	44622.55	104583.30
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1976.61
38. Net Operating Expenditures (subtract Line 37 from Line 36)	44622.55	102606.69

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

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

FOR LINE NUMBER: PAGE 6 / 32
(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)
MS BARBARA B BAKER 840
Mailing Address 9735 S 500 W

City State Zip Code
SANDY UT 84070

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

Name of Employer Occupation
CHALLENGER SCHOOL ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2008

Transaction ID: SA11AI.49788

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR RICHARD CLARK 130
Mailing Address EAST LAKE RD RT 4

City State Zip Code
CAZENOVIA NY 13035

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2008

Transaction ID: SA11AI.49237

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
MR WILLIAM H CLARK 752, III
Mailing Address 3716 MAPLEWOOD AVE

City State Zip Code
DALLAS TX 75205

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 ▼ 1500.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2008

Transaction ID: SA11AI.48782

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► 2200.00

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 / 32
(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 HARRY C FLEMING 570

Mailing Address 1101 1ST ST

City State Zip Code
SPRINGFIELD SD 57062

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
MM / DD / YYYY
05 / 13 / 2008

Transaction ID: SA11AI.49511

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR ARNOLD GARRISON 024

Mailing Address 181 PINE RIDGE RD

City State Zip Code
WABAN MA 02468

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 ▼ **500.00**

Date of Receipt
MM / DD / YYYY
04 / 08 / 2008

Transaction ID: SA11AI.48939

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR CAMERON D GLIDEWELL 900

Mailing Address 1227 LE GRAY AVE

City State Zip Code
LOS ANGELES CA 90042

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

Name of Employer Occupation
DISNEY/ABC INC TELEVISION ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
MM / DD / YYYY
06 / 02 / 2008

Transaction ID: SA11AI.49616

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) 650.00

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 / 32
	<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) MS SUZANNE GOTTLIEB 902	Date of Receipt MM / DD / YYYY 04 / 16 / 2008
	Mailing Address 617 N MAPLE DR	Transaction ID: SA11AI.49051
	City State Zip Code BEVERLY HILLS CA 90210	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF EMPLOYED PROPERTY MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MR BRUCE A JACOBS 982	Date of Receipt MM / DD / YYYY 06 / 06 / 2008
	Mailing Address 1004 COMMERCIAL AVE # 157	Transaction ID: SA11AI.49834
	City State Zip Code ANACORTES WA 98221	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 ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) MRS CARROLL K KING 085	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 2432 WINDROW DR	Transaction ID: SA11AI.49118
	City State Zip Code PRINCETON NJ 08540	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NONE HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	750.00
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 / 32
(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 WALTER H KLEINER 980
Mailing Address 1725 89TH PL N E
City State Zip Code
CLYDE HILL WA 98004
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 ▼ 290.00
Date of Receipt MM / DD / YYYY
06 / 03 / 2008
Transaction ID: SA11AI.49730
Amount of Each Receipt this Period 265.00

B. Full Name (Last, First, Middle Initial)
JAMES W LIEBERT 857
Mailing Address 2302 E HAMPTON ST
City State Zip Code
TUCSON AZ 85719
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt MM / DD / YYYY
05 / 08 / 2008
Transaction ID: SA11AI.49432
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
MS BETTY R MARCOM 802
Mailing Address 6940 E GIRARD AVE
City State Zip Code
DENVER CO 80224
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 MM / DD / YYYY
06 / 03 / 2008
Transaction ID: SA11AI.49749
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 465.00
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 / 32

(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 J MESSERE 189

Mailing Address PO BOX 728

City State Zip Code
NEW HOPE PA 18938

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
233.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.48942

Amount of Each Receipt this Period

135.00

B.

Full Name (Last, First, Middle Initial)

MRS JOAN PINCHUK 910

Mailing Address 5381 OCEAN VIEW BLVD

City State Zip Code
LA CANADA FLINTRID CA 91011

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.49887

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

MS ELAINE M TEMPLIN 921

Mailing Address 4445 CLEVELAND AVE

City State Zip Code
SAN DIEGO CA 92116

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.48675

Amount of Each Receipt this Period

106.00

SUBTOTAL of Receipts This Page (optional) ▶

441.00

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 11 / 32
	(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)
CAPT ALFRED J TOULON 967, JR

Mailing Address PO BOX 666

City KOLOA State HI Zip Code 96756

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

Name of Employer US MILITARY Occupation OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 04 / 2008
Transaction ID: SA11AI.49796
 Amount of Each Receipt this Period: 100.00

B.

Full Name (Last, First, Middle Initial)
MR HARMON J WARD 928, JR

Mailing Address 12551 FLETCHER DR

City GARDEN GROVE State CA Zip Code 92840

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 02 / 2008
Transaction ID: SA11AI.49611
 Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	4646.00

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

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

FOR LINE NUMBER: PAGE 12 / 32
(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)
OMEGA LIST COMPANY

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
13337.33

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 2 / 2 0 0 8

Transaction ID: SA17.49963

Amount of Each Receipt this Period
533.20

LIST RENTAL INCOME

B. Full Name (Last, First, Middle Initial)
OMEGA LIST COMPANY

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
16323.45

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 2 / 2 0 0 8

Transaction ID: SA17.49964

Amount of Each Receipt this Period
2986.12

LIST RENTAL INCOME

C. Full Name (Last, First, Middle Initial)
OMEGA LIST COMPANY

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
17072.93

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 8

Transaction ID: SA17.49965

Amount of Each Receipt this Period
749.48

LIST RENTAL INCOME

SUBTOTAL of Receipts This Page (optional) ► **4268.80**

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

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

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

FOR LINE NUMBER: PAGE 13 / 32
(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)
OMEGA LIST COMPANY

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
17559.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	0	/	2	0	0	8

Transaction ID: SA17.49966

Amount of Each Receipt this Period
486.98

LIST RENTAL INCOME

B. Full Name (Last, First, Middle Initial)
OMEGA LIST COMPANY

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20042.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	0	8

Transaction ID: SA17.49967

Amount of Each Receipt this Period
2482.24

LIST RENTAL INCOME

C. Full Name (Last, First, Middle Initial)
OMEGA LIST COMPANY

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20073.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	7	/	2	0	0	8

Transaction ID: SA17.49968

Amount of Each Receipt this Period
30.95

LIST RENTAL INCOME

SUBTOTAL of Receipts This Page (optional) ► **3000.17**

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 / 32
(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)
OMEGA LIST COMPANY

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20571.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	4	/	2	0	0	8

Transaction ID: SA17.49970

Amount of Each Receipt this Period
498.88

LIST RENTAL INCOME

B. Full Name (Last, First, Middle Initial)
OMEGA LIST COMPANY

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
24295.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	0	8

Transaction ID: SA17.49969

Amount of Each Receipt this Period
3723.50

LIST RENTAL INCOME

C. Full Name (Last, First, Middle Initial)
OMEGA LIST COMPANY

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
26466.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	0	8

Transaction ID: SA17.49971

Amount of Each Receipt this Period
2170.83

LIST RENTAL INCOME

SUBTOTAL of Receipts This Page (optional) ► **6393.21**

TOTAL This Period (last page this line number only) ► **13662.18**

**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 15 / 32

<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) ALLEN BRANDSTATER	Transaction ID: SB21B.50004 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - PAC MANAGEMENT	<input type="text" value="750.00"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.50005 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - PAC MANAGEMENT	<input type="text" value="500.00"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.50006 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - PAC MANAGEMENT	<input type="text" value="500.00"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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) ALLEN BRANDSTATER	Transaction ID: SB21B.50007 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - PAC MANAGEMENT	<input type="text" value="300.00"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.50008 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - PAC MANAGEMENT	<input type="text" value="300.00"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.49973 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<input type="text" value="251.38"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="851.38"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.49974 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="05"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<input type="text" value="766.32"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="003"/> 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 <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) CATTERTON PRINTING INC	Transaction ID: SB21B.49972 Date of Disbursement
	Mailing Address 100 POST OFFICE ROAD	<input type="text" value="04"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City WALDORF State MD Zip Code 20602	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<input type="text" value="2551.09"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="003"/> 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 <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) ECG DATA CENTER	Transaction ID: SB21B.49975 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="04"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA PROCESSING	<input type="text" value="615.73"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="001"/> 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 <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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) ECG DATA CENTER	Transaction ID: SB21B.49976 Date of Disbursement																			
	Mailing Address 1420 SPRING HILL RD STE 490	<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>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	0	8												
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DATA PROCESSING	<table border="1"><tr><td>333.02</td></tr></table>	333.02																		
333.02																					
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	001 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) INTEGRAM	Transaction ID: SB21B.49990 Date of Disbursement																			
	Mailing Address 8421 HILLTOP RD	<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>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	0	8												
	City FAIRFAX State VA Zip Code 22031	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<table border="1"><tr><td>639.68</td></tr></table>	639.68																		
639.68																					
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	003 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) INTEGRAM	Transaction ID: SB21B.49991 Date of Disbursement																			
	Mailing Address 8421 HILLTOP RD	<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>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	9		2	0	0	8												
	City FAIRFAX State VA Zip Code 22031	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	003 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>2972.70</td></tr></table>	2972.70
2972.70		
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 19 / 32

<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 Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.49993 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1733.07
B. 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 Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.49994 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
C. 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 Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.49995 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

4733.07

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

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

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

FOR LINE NUMBER: (check only one)

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

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.49996 Date of Disbursement																			
	Mailing Address 21721-A FILIGREE CT	<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>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	9		2	0	0	8												
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<table border="1"><tr><td>1564.66</td></tr></table>	1564.66																		
1564.66																					
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

B.	Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL	Transaction ID: SB21B.49997 Date of Disbursement																			
	Mailing Address 21721-A FILIGREE CT	<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>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	0	8												
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<table border="1"><tr><td>31.32</td></tr></table>	31.32																		
31.32																					
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

C.	Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL	Transaction ID: SB21B.49998 Date of Disbursement																			
	Mailing Address 21721-A FILIGREE CT	<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>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	8												
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<table border="1"><tr><td>1191.65</td></tr></table>	1191.65																		
1191.65																					
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>2787.63</td></tr></table>	2787.63
2787.63		
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)

<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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL</p> <p>Mailing Address 21721-A FILIGREE CT</p> <p>City ASHBURN State VA Zip Code 20147</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.49999</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 210.12</p> <p>003 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL</p> <p>Mailing Address 21721-A FILIGREE CT</p> <p>City ASHBURN State VA Zip Code 20147</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.50000</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>003 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement LIST RENTALS</p> <p>Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.49989</p> <p>Date of Disbursement 04 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1091.34</p> <p>003 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1801.46

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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) OMEGA LIST COMPANY <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement LIST RENTALS Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.49992 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 8	Amount of Each Disbursement this Period 915.35
B.	Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC <hr/> Mailing Address 4841 DILLON DR <hr/> City PUEBLO State CO Zip Code 81008 <hr/> Purpose of Disbursement CAGING & ESCROW SERVICES Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.49984 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 8	Amount of Each Disbursement this Period 952.50
C.	Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC <hr/> Mailing Address 4841 DILLON DR <hr/> City PUEBLO State CO Zip Code 81008 <hr/> Purpose of Disbursement CAGING & ESCROW SERVICES Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.49985 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 8	Amount of Each Disbursement this Period 42.21

SUBTOTAL of Disbursements This Page (optional)	1910.06
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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) PREMIER FULFILLMENT & PROCESSING INC	Transaction ID: SB21B.49986 Date of Disbursement
	Mailing Address 4841 DILLON DR	<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City PUEBLO State CO Zip Code 81008	Amount of Each Disbursement this Period
	Purpose of Disbursement CAGING & ESCROW SERVICES	<input type="text" value="1066.00"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="001"/> 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 <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC	Transaction ID: SB21B.49987 Date of Disbursement
	Mailing Address 4841 DILLON DR	<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City PUEBLO State CO Zip Code 81008	Amount of Each Disbursement this Period
	Purpose of Disbursement CAGING & ESCROW SERVICES	<input type="text" value="930.48"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="001"/> 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 <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC	Transaction ID: SB21B.49988 Date of Disbursement
	Mailing Address 4841 DILLON DR	<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City PUEBLO State CO Zip Code 81008	Amount of Each Disbursement this Period
	Purpose of Disbursement CAGING & ESCROW SERVICES	<input type="text" value="272.52"/>
	Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	<input type="text" value="001"/> 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 <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2269.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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) RPALP <hr/> Mailing Address 1420 SPRING HILL RD <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.49977 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 8
	Amount of Each Disbursement this Period 4807.60
B. Full Name (Last, First, Middle Initial) RPALP <hr/> Mailing Address 1420 SPRING HILL RD <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.49978 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
C. Full Name (Last, First, Middle Initial) RPALP <hr/> Mailing Address 1420 SPRING HILL RD <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.49979 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8
	Amount of Each Disbursement this Period 4080.40

SUBTOTAL of Disbursements This Page (optional) ▶

9888.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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) RPALP	Transaction ID: SB21B.49980 Date of Disbursement 04 / 21 / 2008
	Mailing Address 1420 SPRING HILL RD	Amount of Each Disbursement this Period 96.62
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	003 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 <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) RPALP	Transaction ID: SB21B.49981 Date of Disbursement 04 / 21 / 2008
	Mailing Address 1420 SPRING HILL RD	Amount of Each Disbursement this Period 3904.22
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	003 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 <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) RPALP	Transaction ID: SB21B.49982 Date of Disbursement 06 / 02 / 2008
	Mailing Address 1420 SPRING HILL RD	Amount of Each Disbursement this Period 3892.94
	City MCLEAN State VA Zip Code 22102	
	Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC	003 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 <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	7893.78
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) RPALP</p> <p>Mailing Address 1420 SPRING HILL RD</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.49983</p> <p>Date of Disbursement 06 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 3307.75</p> <p>003 Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) WELLS FARGO BANK</p> <p>Mailing Address PO BOX 5247</p> <p>City DENVER State CO Zip Code 80274</p> <p>Purpose of Disbursement BANK CHARGE</p> <p>Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.50001</p> <p>Date of Disbursement 04 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 115.73</p> <p>001 Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) WELLS FARGO BANK</p> <p>Mailing Address PO BOX 5247</p> <p>City DENVER State CO Zip Code 80274</p> <p>Purpose of Disbursement BANK CHARGE</p> <p>Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.50002</p> <p>Date of Disbursement 05 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 146.05</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3569.53

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 32

<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) WELLS FARGO BANK <hr/> Mailing Address PO BOX 5247 <hr/> City DENVER State CO Zip Code 80274 <hr/> Purpose of Disbursement BANK CHARGE Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.50013 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 36.50
B. Full Name (Last, First, Middle Initial) WELLS FARGO BANK <hr/> Mailing Address PO BOX 5247 <hr/> City DENVER State CO Zip Code 80274 <hr/> Purpose of Disbursement BANK CHARGE Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.50003 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 130.74

SUBTOTAL of Disbursements This Page (optional) ►

167.24

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

44526.99

**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 28 / 32

<input 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 checked="" 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)
FEDERAL ELECTION COMMISSION

Mailing Address 999 E STREET NW

City WASHINGTON State DC Zip Code 20143

Purpose of Disbursement
ADR PAYMENT

Candidate Name
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB29.50011

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

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/10.31059

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

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 2029 VERDUGO BLVD
#1020

City MONTROSE State CA ZIP Code 91020

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	4165.00	835.00

TERMS

Date Incurred: MM 04 DD 04 YYYY 2007 Date Due: UPON DEMAND Interest Rate: 0.0000 % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	835.00
TOTALS This Period (last page in this line only)	▶	835.00

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 CAMPAIGN FUNDING DIRECT			Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR AAI
Mailing Address 1420 SPRING HILL RD STE 490			
City MCLEAN	State VA	ZIP Code 22102	

Outstanding Balance Beginning This Period		Transaction ID: SD10.31121	
24089.51			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	1017.70	23071.81	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CATTERTON PRINTING INC			Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR AAI
Mailing Address 100 POST OFFICE ROAD			
City WALDORF	State MD	ZIP Code 20602	

Outstanding Balance Beginning This Period		Transaction ID: SD10.30997	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
7660.97	2551.09	5109.88	

C. 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		Transaction ID: SD10.31126	
8691.64			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	948.75	7742.89	

1) SUBTOTALS This Period This Page (optional).....	▶	35924.58
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.31018	
Amount Incurred This Period <input type="text" value="11871.37"/>	Payment This Period <input type="text" value="8230.82"/>	Outstanding Balance at Close of This Period <input type="text" value="3640.55"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="3490.99"/>		Transaction ID: SD10.31130	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2006.69"/>	Outstanding Balance at Close of This Period <input type="text" value="1484.30"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="1606.22"/>		Transaction ID: SD10.31296	
Amount Incurred This Period <input type="text" value="1657.49"/>	Payment This Period <input type="text" value="3263.71"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="5124.85"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 32 / 32
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RPALP			Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR AAIL
Mailing Address 1420 SPRING HILL RD			
City MCLEAN	State VA	ZIP Code 22102	

Outstanding Balance Beginning This Period		Transaction ID: SD10.45280	
6919.84			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
14169.69	21089.53	0.00	

1) SUBTOTALS This Period This Page (optional).....	▶	0.00
2) TOTALS This Period (last page this line number only).....	▶	41049.43
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	835.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	41884.43