

# 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 11 28 2006 through 12 31 2006

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

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer Electronically Filed by SCOTT B MACKENZIE Date 09 02 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		12057.23
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	11669.11									
(c) Total Receipts (from Line 19) .....	49512.78	809785.77								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	61181.89	821843.00								
7. Total Disbursements (from Line 31) .....	31538.23	792199.34								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	29643.66	29643.66								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	153602.49									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	9245.00	79468.00
(i) Itemized (use Schedule A) .....	40267.78	728881.89
(ii) Unitemized .....	49512.78	808349.89
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	49512.78	808349.89
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)) .....	49512.78	809785.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	49512.78	809785.77

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	30838.23	785472.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	30838.23	785472.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2792.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	700.00	3000.00
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))..	31538.23	792199.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31538.23	792199.34

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	49512.78	808349.89
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49512.78	808324.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	30838.23	785472.34
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	1435.88
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	30838.23	784036.46

**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 / 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR ALFRED E ANDING		Date of Receipt
	Mailing Address 4921 TONYAWATHA TRL		<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
	City	State	Zip Code
	MONONA	WI	53716
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.65309
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 300.00	<input type="text"/> 200.00

<b>B.</b>	Full Name (Last, First, Middle Initial) DOROTHY K ANDRIST		Date of Receipt
	Mailing Address 26 PEARL ST		<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
	City	State	Zip Code
	GLOVERSVILLE	NY	12078
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.64046
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 231.00	<input type="text"/> 50.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MR J W ARNOLD		Date of Receipt
	Mailing Address PO BOX 6566		<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
	City	State	Zip Code
	TYLER	TX	75711
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.64598
Name of Employer SELF EMPLOYED		Occupation OIL & GAS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 350.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 61
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) HAROLD B ATKINSON, JR		Date of Receipt	
	Mailing Address W C B R-250 PANTOPS MT RD C L 2214		M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.64497
	CHARLOTTEVILLE	VA	22911	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		50.00	
	Name of Employer		Occupation	
		CLERGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 224.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) HAROLD B ATKINSON, JR		Date of Receipt	
	Mailing Address W C B R-250 PANTOPS MT RD C L 2214		M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.64498
	CHARLOTTEVILLE	VA	22911	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		100.00	
	Name of Employer		Occupation	
		CLERGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 324.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MARY R BELL		Date of Receipt	
	Mailing Address 52 VIA DEL SOL		M M / D D / Y Y Y Y Y 1 2 / 1 1 / 2 0 0 6	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.63765
	SOLVANG	CA	93463	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		25.00	
	Name of Employer		Occupation	
NONE		RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	175.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 61
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR WILFERD BERKS	Date of Receipt
	Mailing Address 962 S W 900TH RD	<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 2 / 2 8 / 2 0 0 6
	City State Zip Code MONTROSE MO 64770	<b>Transaction ID:</b> SA11AI.64043
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 150.00
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 455.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR WILLIAM BEYER	Date of Receipt
	Mailing Address 6309 BURNHAM CIR APT 203	<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 2 / 2 9 / 2 0 0 6
	City State Zip Code INVER GROVE HEIGHT MN 55076	<b>Transaction ID:</b> SA11AI.64994
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 50.00
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 390.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR JAMES BICKLEY	Date of Receipt
	Mailing Address 14 CASA VERDE	<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 2 / 0 1 / 2 0 0 6
	City State Zip Code LAKEWAY TX 78734	<b>Transaction ID:</b> SA11AI.63950
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 20.00
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 220.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 9 / 61
(check only one)	
<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"/>	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR DAVID F BIRMINGHAM		Date of Receipt
	Mailing Address 2115 GREENWICH CIRCLE E		<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 2 / 2 9 / 2 0 0 6
	City	State	Zip Code
	COLORADO SPRINGS	CO	80909
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.64437
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 ▼ 270.00	140.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS MARY E BISSETTE		Date of Receipt
	Mailing Address 2542 VIRGINIA RD		<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 2 / 2 0 / 2 0 0 6
	City	State	Zip Code
	EDENTON	NC	27932
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.63864
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 ▼ 329.00	75.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MS RUTH BOIME		Date of Receipt
	Mailing Address 8 SENECCA DR		<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 2 / 2 8 / 2 0 0 6
	City	State	Zip Code
	MASSAPEQUA	NY	11758
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.63873
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 ▼ 281.00	35.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 61  
(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 FUMIE BOYCE**

Mailing Address **332 THUNDERBIRD CT S E**

City **LACEY** State **WA** Zip Code **98503**

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 ▼ **635.00**

Date of Receipt: **12 / 28 / 2006**

**Transaction ID: SA11AI.64068**

Amount of Each Receipt this Period: **500.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR RICHARD BRAND**

Mailing Address **2308 N NORTHWAY AVE**

City **TUCSON** State **AZ** Zip Code **85716**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **202.00**

Date of Receipt: **12 / 29 / 2006**

**Transaction ID: SA11AI.64306**

Amount of Each Receipt this Period: **25.00**

**C.** Full Name (Last, First, Middle Initial)  
**MRS MARGARET BROWN**

Mailing Address **6224 SHADOW OAK DR**

City **NORTH LAS VEGAS** State **NV** Zip Code **89031**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **251.00**

Date of Receipt: **12 / 29 / 2006**

**Transaction ID: SA11AI.63964**

Amount of Each Receipt this Period: **15.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **540.00**

**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 / 61
	(check only one)	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS SUSAN BRUNOFF		Date of Receipt																					
	Mailing Address 334 W CEDAR ST		<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>2</td><td></td><td>2</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	2		2	8		2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		2	8		2	0	0	6														
	City State Zip Code NEW HOLLAND PA 17557		<b>Transaction ID:</b> SA11AI.64610																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
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 ▼ 569.00		35.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS SUSAN BRUNOFF		Date of Receipt																					
	Mailing Address 334 W CEDAR ST		<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>2</td><td></td><td>2</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	2		2	8		2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		2	8		2	0	0	6														
	City State Zip Code NEW HOLLAND PA 17557		<b>Transaction ID:</b> SA11AI.64611																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
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 ▼ 709.00		140.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) MR MAX BUCHMILLER		Date of Receipt																					
	Mailing Address 8954 CHERRY AVE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</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	2		1	1		2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		1	1		2	0	0	6														
	City State Zip Code ORANGEVALE CA 95662		<b>Transaction ID:</b> SA11AI.64111																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
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 ▼ 290.00		35.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	210.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 61
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS DOROTHY BURLESON	Date of Receipt MM / DD / YYYY 12 / 29 / 2006
	Mailing Address 6110 VICTOR ST	<b>Transaction ID:</b> SA11AI.64116
	City State Zip Code DALLAS TX 75214	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 207.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS BILLIE M CAMPBELL	Date of Receipt MM / DD / YYYY 12 / 04 / 2006
	Mailing Address 900 SEMINOLE RD	<b>Transaction ID:</b> SA11AI.64177
	City State Zip Code RADCLIFF KY 40160	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NONE Occupation HOMEMAKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 304.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS BILLIE M CAMPBELL	Date of Receipt MM / DD / YYYY 12 / 28 / 2006
	Mailing Address 900 SEMINOLE RD	<b>Transaction ID:</b> SA11AI.64178
	City State Zip Code RADCLIFF KY 40160	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NONE Occupation HOMEMAKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>115.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 61
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) BYRNECE CAMPBELL	Date of Receipt MM / DD / YYYY 12 / 11 / 2006
	Mailing Address 1421 S W 78TH TER	<b>Transaction ID:</b> SA11AI.64463
	City State Zip Code OKLAHOMA CITY OK 73159	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NONE Occupation HOME MAKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 206.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR CRAIG CAMPBELL	Date of Receipt MM / DD / YYYY 12 / 28 / 2006
	Mailing Address 3355 MISSION AVE #111	<b>Transaction ID:</b> SA11AI.63893
	City State Zip Code OCEANSIDE CA 92054	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer KALUA ROCKS LLC Occupation PARTNER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR MOIRA CASTLE	Date of Receipt MM / DD / YYYY 12 / 01 / 2006
	Mailing Address 13462 MASON VILLAGE CT	<b>Transaction ID:</b> SA11AI.63949
	City State Zip Code SAINT LOUIS MO 63131	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 931.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>145.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 14 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR CHARLES CHANDLER

Mailing Address 17528 CHANDLER LN

City State Zip Code  
BAKER CITY OR 97814

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** SA11AI.64747

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MR WILLIAM CHILTON, JR

Mailing Address 3437 W 7TH ST #138

City State Zip Code  
FORT WORTH TX 76107

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 ▼  
804.00

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

**Transaction ID:** SA11AI.63942

Amount of Each Receipt this Period  
35.00

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

Mailing Address 2796 S MAIN RD

City State Zip Code  
LEBANON OR 97355

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
287.00

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

**Transaction ID:** SA11AI.64078

Amount of Each Receipt this Period  
25.00

**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 15 / 61  
(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 M C CONKLIN

Mailing Address 2796 S MAIN RD

City State Zip Code  
LEBANON OR 97355

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 317.00

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

**Transaction ID:** SA11AI.64079

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
MS FRANCES CULLOM

Mailing Address 2515 SPRING HILL DR

City State Zip Code  
ASHLAND OR 97520

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 ▼ 249.00

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

**Transaction ID:** SA11AI.64811

Amount of Each Receipt this Period  
136.00

**C.** Full Name (Last, First, Middle Initial)  
MR MARSHALL CUSICK

Mailing Address PO BOX 414

City State Zip Code  
MINNEOLA KS 67865

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

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

**Transaction ID:** SA11AI.64846

Amount of Each Receipt this Period  
53.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 219.00

**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 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 11216 SHANNONDELL DR

City State Zip Code  
AUDUBON PA 19403

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11AI.64692

Amount of Each Receipt this Period  
35.00

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

Mailing Address 11216 SHANNONDELL DR

City State Zip Code  
AUDUBON PA 19403

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

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

**Transaction ID:** SA11AI.64693

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
MR LESTER DOREMIRE

Mailing Address R R 1 BOX 138

City State Zip Code  
CHALMERS IN 47929

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 ▼ 815.00

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

**Transaction ID:** SA11AI.63872

Amount of Each Receipt this Period  
100.00

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 61  
(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 SUZANNE F DUNBAR

Mailing Address 3500 DAVIS LANE

City State Zip Code  
CINCINNATI OH 45237

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

Name of Employer Occupation  
VOLUNTEER NURSE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 313.00

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

**Transaction ID:** SA11AI.64621

Amount of Each Receipt this Period  
113.00

**B.** Full Name (Last, First, Middle Initial)  
MR SCOTT DUNCAN

Mailing Address 12200 S DOROTHY DR

City State Zip Code  
YUMA AZ 85367

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

**Transaction ID:** SA11AI.64482

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
MR BREWSTER J DURKEE

Mailing Address 5027 RIVER POINT RD

City State Zip Code  
JACKSONVILLE FL 32207

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 ▼ 330.00

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

**Transaction ID:** SA11AI.64966

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **288.00**

**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 / 61

(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 J EICHENBERG

Mailing Address 1 COLLINS ISLAND

City State Zip Code  
NEWPORT BEACH CA 92662

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

Name of Employer Occupation  
ELISON INC CO-OWNER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

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

Transaction ID: SA11AI.64470

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
DAVE FATCH

Mailing Address 826 DORA AVE

City State Zip Code  
UKIAH CA 95482

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 222.00

Date of Receipt

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

Transaction ID: SA11AI.64122

Amount of Each Receipt this Period

35.00

**C.**

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

Mailing Address 17822 ACACIA DR

City State Zip Code  
NORTH FORT MYERS FL 33917

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 271.00

Date of Receipt

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

Transaction ID: SA11AI.63725

Amount of Each Receipt this Period

35.00

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

570.00

**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 / 61

(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)  
MISS RUTH FERNANDES

Mailing Address 1717 NORFOLK AVE APT 1219

City	State	Zip Code
LUBBOCK	TX	79416

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 ▼ 261.00
---	------------------------------------

Date of Receipt

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

Transaction ID: SA11AI.64332

Amount of Each Receipt this Period  
75.00

**B.**

Full Name (Last, First, Middle Initial)  
MISS RUTH FERNANDES

Mailing Address 1717 NORFOLK AVE APT 1219

City	State	Zip Code
LUBBOCK	TX	79416

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 ▼ 338.00
---	------------------------------------

Date of Receipt

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

Transaction ID: SA11AI.64333

Amount of Each Receipt this Period  
77.00

**C.**

Full Name (Last, First, Middle Initial)  
F LAVINIA FOGLE

Mailing Address 6217 MALCOLM DR

City	State	Zip Code
DALLAS	TX	75214

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 ▼ 275.00
---	------------------------------------

Date of Receipt

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

Transaction ID: SA11AI.63783

Amount of Each Receipt this Period  
35.00

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

187.00

**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 / 61

(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 SYLVIA FRASE

Mailing Address 4415 COLEBROOKE LN S E

City State Zip Code  
LACEY WA 98513

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  
1 2 / 2 8 / 2 0 0 6

Transaction ID: SA11AI.63957

Amount of Each Receipt this Period

106.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS BILLY FRICK

Mailing Address 3100 CONNECTICUT AVE

City State Zip Code  
NAPLES FL 34112

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

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

Transaction ID: SA11AI.65123

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS BILLY FRICK

Mailing Address 3100 CONNECTICUT AVE

City State Zip Code  
NAPLES FL 34112

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
239.00

Date of Receipt

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

Transaction ID: SA11AI.65124

Amount of Each Receipt this Period

20.00

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

146.00

**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 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 321 S PALMERS CHAPEL RD

City State Zip Code  
COTTONTOWN TN 37048

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

Name of Employer Occupation  
J B GIBBS & SON CONSTRUCT- BUILDER  
ION

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 260.00

Date of Receipt  

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

**Transaction ID:** SA11AI.64005

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
MR JOHN L GARRETT

Mailing Address 3546 E YALE ST

City State Zip Code  
PHOENIX AZ 85008

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

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 263.00

Date of Receipt  

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

**Transaction ID:** SA11AI.64742

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MR NELSON GEMMEN

Mailing Address 11516 68TH AVE

City State Zip Code  
ALLENDALE MI 49401

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 310.00

Date of Receipt  

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

**Transaction ID:** SA11AI.64041

Amount of Each Receipt this Period  
35.00

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

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

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

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

FOR LINE NUMBER: PAGE 22 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 508 BARRINGTON AVE

City EAST DUNDEE State IL Zip Code 60118

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: 12 / 08 / 2006  
**Transaction ID: SA11AI.63753**  
 Amount of Each Receipt this Period: 20.00

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

Mailing Address 2101 N KENSINGTON WAY

City HANFORD State CA Zip Code 93230

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 357.00

Date of Receipt: 12 / 28 / 2006  
**Transaction ID: SA11AI.63989**  
 Amount of Each Receipt this Period: 106.00

**C.** Full Name (Last, First, Middle Initial)  
MS MARGARET GRAY

Mailing Address 1055 ADAMS CIR #1223

City BOULDER State CO Zip Code 80303

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 203.00

Date of Receipt: 12 / 04 / 2006  
**Transaction ID: SA11AI.63718**  
 Amount of Each Receipt this Period: 35.00

**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: PAGE 23 / 61  
(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 MARGARET GRAY

Mailing Address 1055 ADAMS CIR #1223

City State Zip Code  
BOULDER CO 80303

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
238.00

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

**Transaction ID:** SA11AI.63719

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
MR S L GROFF

Mailing Address 3106 FLORAL BLVD

City State Zip Code  
BUTTE MT 59701

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 ▼  
310.00

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

**Transaction ID:** SA11AI.64961

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
MR S L GROFF

Mailing Address 3106 FLORAL BLVD

City State Zip Code  
BUTTE MT 59701

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 ▼  
345.00

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

**Transaction ID:** SA11AI.64962

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

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

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

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

FOR LINE NUMBER: PAGE 24 / 61  
(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 JAMES W GROSSNICKLE

Mailing Address 228 NE ALICE ST

City State Zip Code  
JENSEN BEACH FL 34957

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

Name of Employer Occupation  
DOCTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

**Transaction ID:** SA11AI.64805

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
MS BEVERLY HAKES

Mailing Address 174 CARROLL ST

City State Zip Code  
PORT JEFFERSON STA NY 11776

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** SA11AI.63991

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
MS BEVERLY HAKES

Mailing Address 174 CARROLL ST

City State Zip Code  
PORT JEFFERSON STA NY 11776

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

**Transaction ID:** SA11AI.63992

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **275.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 61  
(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 HANNING

Mailing Address 12240 MARI LN

City State Zip Code  
MINNETONKA MN 55305

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** SA11AI.64249

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS ARDELL HENKE

Mailing Address 3517 H AVE

City State Zip Code  
ANACORTES WA 98221

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
241.00

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

**Transaction ID:** SA11AI.64153

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS DOROTHY A HERR

Mailing Address 1615 YAUGER RD APT A14

City State Zip Code  
MOUNT VERNON OH 43050

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 ▼  
206.00

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

**Transaction ID:** SA11AI.64188

Amount of Each Receipt this Period  
25.00

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

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

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

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

FOR LINE NUMBER: PAGE 26 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 251 S OLDS BLVD APT 107F

City State Zip Code  
FAIRLESS HILLS PA 19030

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

Name of Employer Occupation  
SAMS CLUB MAINTENANCE

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 353.00

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

**Transaction ID:** SA11AI.64466

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
MRS EMMA A HINSHAW

Mailing Address 106 SUNSHINE HILL ST #201

City State Zip Code  
SPRUCE PINE NC 28777

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 339.00

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

**Transaction ID:** SA11AI.63881

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
MR TERRELL HOOPER

Mailing Address P O BOX 1692

City State Zip Code  
CONROE TX 77305

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 240.00

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

**Transaction ID:** SA11AI.64964

Amount of Each Receipt this Period  
100.00

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

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

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

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

FOR LINE NUMBER: PAGE 27 / 61  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
MR ARTHUR HUDSON

Mailing Address 120 ECHO DR

City Hendersonville State NC Zip Code 28739

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 ▼ 341.00

Date of Receipt 12 / 11 / 2006  
Transaction ID: SA11AI.63759  
Amount of Each Receipt this Period 15.00

**B.** Full Name (Last, First, Middle Initial)  
MR CLARENCE A JERMYN

Mailing Address 4810 N W HWY 72 LOT 118

City Arcadia State FL Zip Code 34266

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 ▼ 345.00

Date of Receipt 12 / 28 / 2006  
Transaction ID: SA11AI.64030  
Amount of Each Receipt this Period 108.00

**C.** Full Name (Last, First, Middle Initial)  
MR RAYMOND JOHNSON

Mailing Address PO BOX 613

City Emmett State ID Zip Code 83617

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

Name of Employer US AIR FORCE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 28 / 2006  
Transaction ID: SA11AI.63669  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 173.00

**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 28 / 61
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS HILDA JUDD	Date of Receipt MM / DD / YYYY 12 / 28 / 2006
	Mailing Address P O BOX 50153 801 PARK LANE	<b>Transaction ID:</b> SA11AI.64156
	City State Zip Code SANTA BARBARA CA 93150	Amount of Each Receipt this Period 73.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation NONE RETIRED	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS ROSEMARY JUNGBLUT	Date of Receipt MM / DD / YYYY 12 / 08 / 2006
	Mailing Address 3400 WAGNER HTS RD APT 244	<b>Transaction ID:</b> SA11AI.64383
	City State Zip Code STOCKTON CA 95209	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00

<b>C.</b>	Full Name (Last, First, Middle Initial) FRED KERR	Date of Receipt MM / DD / YYYY 12 / 04 / 2006
	Mailing Address 5310 HIGHWAY 65	<b>Transaction ID:</b> SA11AI.63699
	City State Zip Code CHILLICOTHE MO 64601	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation SELF EMPLOYED FARMER	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 673.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>143.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 29 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 7807 GOVERNOR PRINTZ BLVD  
#216

City State Zip Code  
CLAYMONT DE 19703

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
391.00

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

**Transaction ID:** SA11AI.64192

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
MR WALTER H KLEINER

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 Occupation  
NONE RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
411.00

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

**Transaction ID:** SA11AI.64010

Amount of Each Receipt this Period  
70.00

**C.** Full Name (Last, First, Middle Initial)  
MS LORETTA KOGUT

Mailing Address 434 E 58TH ST

City State Zip Code  
NEW YORK NY 10022

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
207.00

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

**Transaction ID:** SA11AI.64047

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 61  
(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 ▼ 390.00

Date of Receipt: 12 / 29 / 2006  
**Transaction ID:** SA11AI.63943  
 Amount of Each Receipt this Period: 50.00

**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 ▼ 354.00

Date of Receipt: 12 / 29 / 2006  
**Transaction ID:** SA11AI.63766  
 Amount of Each Receipt this Period: 25.00

**C.** Full Name (Last, First, Middle Initial)  
MR MILLER MAKEY

Mailing Address 645 NEIL AVE APT 1023

City COLUMBUS State OH Zip Code 43215

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: 12 / 01 / 2006  
**Transaction ID:** SA11AI.64074  
 Amount of Each Receipt this Period: 35.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 61  
(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 PHILIP MALONEY

Mailing Address P O BOX 5933

City State Zip Code  
CAREFREE AZ 85377

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.00

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

**Transaction ID:** SA11AI.63969

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
MR DOUGLAS H MANNING

Mailing Address P O BOX 773

City State Zip Code  
YOAKUM TX 77995

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

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

**Transaction ID:** SA11AI.64335

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
ROSEANNA MAUST

Mailing Address 1410 BARCLAY RD

City State Zip Code  
BARCLAY MD 21607

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

Name of Employer Occupation  
CLERGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
251.00

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

**Transaction ID:** SA11AI.64200

Amount of Each Receipt this Period  
77.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **147.00**

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

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

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

FOR LINE NUMBER: PAGE 32 / 61  
(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)  
TRUTH M MAY

Mailing Address 433 SYLVAN AVE SPC 139

City State Zip Code  
MOUNTAIN VIEW CA 94041

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

Name of Employer Occupation  
DOCTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

**Transaction ID:** SA11AI.64409

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
MR GUY MCBRIDE

Mailing Address 2615 OAK DR UNIT 13

City State Zip Code  
LAKEWOOD CO 80215

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 ▼ 325.00

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

**Transaction ID:** SA11AI.64722

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
MR GUY MCBRIDE

Mailing Address 2615 OAK DR UNIT 13

City State Zip Code  
LAKEWOOD CO 80215

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 ▼ 360.00

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

**Transaction ID:** SA11AI.64723

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **385.00**

**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 33 / 61  
(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)  
LINDA G MILLER

Mailing Address 4581 PORTAGE TRL

City MELBOURNE State FL Zip Code 32940

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 206.00

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

**Transaction ID:** SA11AI.63743

Amount of Each Receipt this Period 35.00

**B.** Full Name (Last, First, Middle Initial)  
LINDA G MILLER

Mailing Address 4581 PORTAGE TRL

City MELBOURNE State FL Zip Code 32940

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 241.00

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

**Transaction ID:** SA11AI.63744

Amount of Each Receipt this Period 35.00

**C.** Full Name (Last, First, Middle Initial)  
MRS SUSAN R MOORE

Mailing Address 499 N W HARRIS LAKE DR

City LAKE CITY State FL Zip Code 32055

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 ▼ 226.00

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

**Transaction ID:** SA11AI.64186

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 61  
(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 J SHIRLEY NAGY

Mailing Address 919 109TH AVE N E APT 908

City State Zip Code  
BELLEVUE WA 98004

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 213.00

Date of Receipt

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

Transaction ID: SA11AI.63780

Amount of Each Receipt this Period

38.00

**B.**

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

Mailing Address 4312 FLEET LANDING BLVD

City State Zip Code  
ATLANTIC BEACH FL 32233

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 229.00

Date of Receipt

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

Transaction ID: SA11AI.64404

Amount of Each Receipt this Period

51.00

**C.**

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: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 235.00

Date of Receipt

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

Transaction ID: SA11AI.64884

Amount of Each Receipt this Period

20.00

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

109.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 61  
(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 WILMA NIXON  
Mailing Address 8701 MAYFIELD RD #121  
City CHESTERLAND State OH Zip Code 44026  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 12 / 20 / 2006  
Transaction ID: SA11AI.63944  
Amount of Each Receipt this Period 161.00

**B.** Full Name (Last, First, Middle Initial)  
MRS JOHN NUSSBAUM  
Mailing Address 27 BLUEBERRY LN  
City DARIEN State CT Zip Code 06820  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 294.00  
Date of Receipt 11 / 28 / 2006  
Transaction ID: SA11AI.64048  
Amount of Each Receipt this Period 29.00

**C.** Full Name (Last, First, Middle Initial)  
MRS JOHN NUSSBAUM  
Mailing Address 27 BLUEBERRY LN  
City DARIEN State CT Zip Code 06820  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 321.00  
Date of Receipt 12 / 29 / 2006  
Transaction ID: SA11AI.64049  
Amount of Each Receipt this Period 27.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 217.00  
**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 36 / 61  
(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)  
CAPT GEORGE OCHS

Mailing Address 1141 HUS DR APT 105

City State Zip Code  
WATERTOWN WI 53098

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

Name of Employer Occupation  
US AIR FORCE OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

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

**Transaction ID:** SA11AI.64089

Amount of Each Receipt this Period  
35.00

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

Mailing Address 1141 HUS DR APT 105

City State Zip Code  
WATERTOWN WI 53098

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

Name of Employer Occupation  
US AIR FORCE OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

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

**Transaction ID:** SA11AI.64090

Amount of Each Receipt this Period  
35.00

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

Mailing Address 1141 HUS DR APT 105

City State Zip Code  
WATERTOWN WI 53098

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

Name of Employer Occupation  
US AIR FORCE OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

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

**Transaction ID:** SA11AI.64091

Amount of Each Receipt this Period  
35.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 61

(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 VINCE OWEN

Mailing Address 6192 APACHE RD

City State Zip Code  
WESTMINSTER CA 92683

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
271.00

Date of Receipt

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

Transaction ID: SA11AI.63968

Amount of Each Receipt this Period  
100.00

B.

Full Name (Last, First, Middle Initial)  
MRS ANNA W PECKHAM

Mailing Address 4000 FLYNN ST SPC 108

City State Zip Code  
BELLINGHAM WA 98229

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
202.00

Date of Receipt

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

Transaction ID: SA11AI.63757

Amount of Each Receipt this Period  
25.00

C.

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

Mailing Address 5 ATLANTIC ST

City State Zip Code  
EAST HAMPTON NY 11937

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.39

Date of Receipt

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

Transaction ID: SA11AI.65150

Amount of Each Receipt this Period  
10.00

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

135.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 61  
(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 JOANNE PARKER PERRY

Mailing Address 5 ATLANTIC ST

City State Zip Code  
EAST HAMPTON NY 11937

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
232.39

Date of Receipt

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

Transaction ID: SA11AI.65151

Amount of Each Receipt this Period

16.00

**B.**

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

Mailing Address 1126 PLANTZ RD

City State Zip Code  
DEERFIELD WI 53531

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt

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

Transaction ID: SA11AI.64780

Amount of Each Receipt this Period

35.00

**C.**

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

Mailing Address 1126 PLANTZ RD

City State Zip Code  
DEERFIELD WI 53531

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

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

Transaction ID: SA11AI.64781

Amount of Each Receipt this Period

25.00

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

76.00

**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 39 / 61		
	<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR HAROLD PLATT	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
	Mailing Address 8810 WALTHER BLVD #3414	<b>Transaction ID:</b> SA11AI.63790
	City State Zip Code BALTIMORE MD 21234	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 636.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) BRUCE POPE	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6
	Mailing Address 1226 GOODWIN AVE	<b>Transaction ID:</b> SA11AI.63738
	City State Zip Code CHARLOTTE NC 28205	Amount of Each Receipt this Period 140.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR WILLIAM H PORTER	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6
	Mailing Address 5240 W COUNTY ROAD 56	<b>Transaction ID:</b> SA11AI.64158
	City State Zip Code LAPORTE CO 80535	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 359.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>365.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 40 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR RALPH PRUENTE  
Mailing Address 710 HIGHWAY 23 S  
City State Zip Code  
EUREKA SPRINGS AR 72632  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 239.00  
Date of Receipt: 12 / 28 / 2006  
Transaction ID: SA11AI.64929  
Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
DR THOMAS PURDON  
Mailing Address 706 E BENT BRANCH PL  
City State Zip Code  
GREEN VALLEY AZ 85614  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
DOCTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 235.00  
Date of Receipt: 12 / 29 / 2006  
Transaction ID: SA11AI.64245  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
MRS DOROTHY RICHARDS  
Mailing Address 4306 SALEM TOWNE DR  
City State Zip Code  
WINSTON SALEM NC 27106  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 271.00  
Date of Receipt: 12 / 29 / 2006  
Transaction ID: SA11AI.64345  
Amount of Each Receipt this Period: 35.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 61
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR JAMES ROBERTS		Date of Receipt
	Mailing Address H C 34 BOX 380		<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 2 / 0 4 / 2 0 0 6
	City	State	Zip Code
	LEWISBURG	WV	24901
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> SA11AI.64016
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 35.00
		<input type="text"/> 365.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) ELIZABETH SCHAFER		Date of Receipt
	Mailing Address 610 1ST ST		<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 2 / 1 5 / 2 0 0 6
	City	State	Zip Code
	CORONADO	CA	92118
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> SA11AI.63875
Name of Employer NONE		Occupation HOMEMAKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 4350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MS MABEL P SHIELDS		Date of Receipt
	Mailing Address 5955 HICKORY GROVE RD		<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 2 / 1 9 / 2 0 0 6
	City	State	Zip Code
	GREENSBORO	NC	27409
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	<b>Transaction ID:</b> SA11AI.64259
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 254.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 335.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS MABEL P SHIELDS	Date of Receipt MM / DD / YYYY 12 / 27 / 2006
	Mailing Address 5955 HICKORY GROVE RD	<b>Transaction ID:</b> SA11AI.64260
	City State Zip Code GREENSBORO NC 27409	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) <input type="checkbox"/> Aggregate Year-to-Date 274.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR JOHN ANSON SMITH	Date of Receipt MM / DD / YYYY 12 / 06 / 2006
	Mailing Address PO BOX 2709	<b>Transaction ID:</b> SA11AI.64141
	City State Zip Code NAPLES FL 34106	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 285.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR WILLIAM B SNYDER	Date of Receipt MM / DD / YYYY 12 / 29 / 2006
	Mailing Address 555 5TH AVE N E PH 2	<b>Transaction ID:</b> SA11AI.64473
	City State Zip Code SAINT PETERSBURG FL 33701	Amount of Each Receipt this Period 300.00
	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 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	355.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 43 / 61  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR WILLIAM STEWART

Mailing Address 811 MORNINGSIDE DR

City State Zip Code  
FULLERTON CA 92835

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11AI.64905

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
MRS LIDA P SUTTLES

Mailing Address 4882 POST OAK TIMBER DR

City State Zip Code  
HOUSTON TX 77056

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

**Transaction ID:** SA11AI.64575

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
MRS DORIS M SYMONDS

Mailing Address 1715 W PRARIE ST APT 114

City State Zip Code  
CRESTON IA 50801

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

**Transaction ID:** SA11AI.64354

Amount of Each Receipt this Period  
38.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 258.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 61

(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 MAX THELEN, JR

Mailing Address 200 DEER VALLEY RD # 3G

City State Zip Code  
SAN RAFAEL CA 94903

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

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

Transaction ID: SA11AI.65186

Amount of Each Receipt this Period

200.00
--------

**B.**

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 Occupation  
NONE RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt

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

Transaction ID: SA11AI.64148

Amount of Each Receipt this Period

75.00
-------

**C.**

Full Name (Last, First, Middle Initial)  
EDITH TRAWINSKI

Mailing Address 16 BOUTON ST E APT 10

City State Zip Code  
STAMFORD CT 06907

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.00

Date of Receipt

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

Transaction ID: SA11AI.64648

Amount of Each Receipt this Period

35.00
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**SUBTOTAL** of Receipts This Page (optional) ..... ▶

310.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 45 / 61  
(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)  
DR RODNEY B TRIMBLE, MD  
Mailing Address 601 MARSHALL

City HOUSTON State TX Zip Code 77006

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 12 / 18 / 2006  
Transaction ID: SA11AI.64941  
Amount of Each Receipt this Period: 35.00

**B.** Full Name (Last, First, Middle Initial)  
MR GEORGE TURNBULL  
Mailing Address 7260 NIXON DR

City RIVERSIDE State CA Zip Code 92504

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 12 / 29 / 2006  
Transaction ID: SA11AI.64024  
Amount of Each Receipt this Period: 25.00

**C.** Full Name (Last, First, Middle Initial)  
MR PAUL D VEACH  
Mailing Address 729 GREEN COVE LN

City DALLAS State TX Zip Code 75232

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

Name of Employer N/A Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 256.00

Date of Receipt: 12 / 28 / 2006  
Transaction ID: SA11AI.64303  
Amount of Each Receipt this Period: 25.00

**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 46 / 61  
(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 MADONNA WALTISPERGER  
Mailing Address 6462 FM 1144

City State Zip Code  
KARNES CITY TX 78118

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 ▼ 406.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6  
Transaction ID: SA11AI.63922  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
MR HARMON WARD, JR  
Mailing Address 12551 FLETCHER DR

City State Zip Code  
GARDEN GROVE CA 92840

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 478.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 6  
Transaction ID: SA11AI.63937  
Amount of Each Receipt this Period 35.00

**C.** Full Name (Last, First, Middle Initial)  
MR HARMON WARD, JR  
Mailing Address 12551 FLETCHER DR

City State Zip Code  
GARDEN GROVE CA 92840

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 558.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6  
Transaction ID: SA11AI.63938  
Amount of Each Receipt this Period 80.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 215.00

**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 47 / 61  
(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)  
CLARENCE L WATSON

Mailing Address 310 HESTER AVE LOT 201

City DONNA State TX Zip Code 78537

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

Name of Employer NONE Occupation NOT EMPLOYED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 392.00

Date of Receipt: 12 / 18 / 2006  
**Transaction ID: SA11AI.64397**  
 Amount of Each Receipt this Period: 15.00

**B.** Full Name (Last, First, Middle Initial)  
MR ROBERT D WELCHLI

Mailing Address 348 PROVENCAL RD

City GROSSE POINTE FARM State MI Zip Code 48236

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

Name of Employer RETIRED Occupation ATTORNEY

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt: 12 / 27 / 2006  
**Transaction ID: SA11AI.64553**  
 Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
RUTH WEST

Mailing Address 201 CRONIN ST

City BRISTOL State CT Zip Code 06010

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 ▼ 275.00

Date of Receipt: 12 / 29 / 2006  
**Transaction ID: SA11AI.63945**  
 Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 115.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 61  
(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)  
BILL WESTOVER

Mailing Address 7900 BAKMAN AVE

City State Zip Code  
SUN VALLEY CA 91352

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

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

**Transaction ID:** SA11AI.63959

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
MS MARY ELIZABETH WHITE

Mailing Address 4461 STACK BLVD APT E130

City State Zip Code  
MELBOURNE FL 32901

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 ▼  
1217.00

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

**Transaction ID:** SA11AI.63711

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
MS MARY ELIZABETH WHITE

Mailing Address 4461 STACK BLVD APT E130

City State Zip Code  
MELBOURNE FL 32901

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 ▼  
1318.00

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

**Transaction ID:** SA11AI.63712

Amount of Each Receipt this Period  
101.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **171.00**

**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 49 / 61
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS BETTY WOLFE	Date of Receipt MM / DD / YYYY 12 / 08 / 2006
	Mailing Address 1600 TEXAS ST APT 1611	<b>Transaction ID:</b> SA11AI.65048
	City State Zip Code FORT WORTH TX 76102	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation NONE RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR TIM WORD	Date of Receipt MM / DD / YYYY 12 / 28 / 2006
	Mailing Address P O BOX 310330	<b>Transaction ID:</b> SA11AI.63775
	City State Zip Code NEW BRAUNFELS TX 78131	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation DEAN WORD CO EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) HAROLD A YOUNG	Date of Receipt MM / DD / YYYY 12 / 28 / 2006
	Mailing Address 1425 BELLEAIRE ST	<b>Transaction ID:</b> SA11AI.64310
	City State Zip Code OCEANSIDE CA 92054	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 261.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>9245.00</b>

# 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 50 / 61

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR ALLEN BRANDSTATER  Mailing Address 1241 OAK CIRCLE DRIVE  City GLENDALE State CA Zip Code 91208  Purpose of Disbursement CONSULTING - MANAGEMENT Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63654 Date of Disbursement 12 / 06 / 2006  Amount of Each Disbursement this Period 500.00  001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) MR ALLEN BRANDSTATER  Mailing Address 1241 OAK CIRCLE DRIVE  City GLENDALE State CA Zip Code 91208  Purpose of Disbursement REIMB - POSTAGE, OFFICE SUPPLIES, MEALS 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.63656 Date of Disbursement 12 / 15 / 2006  Amount of Each Disbursement this Period 647.61  001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) MR ALLEN BRANDSTATER  Mailing Address 1241 OAK CIRCLE DRIVE  City GLENDALE State CA Zip Code 91208  Purpose of Disbursement REIMB - MEALS & TRAVEL 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.63657 Date of Disbursement 12 / 19 / 2006  Amount of Each Disbursement this Period 123.99  002 Category/ Type

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

1271.60

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR ALLEN BRANDSTATER  Mailing Address 1241 OAK CIRCLE DRIVE  City GLENDALE State CA Zip Code 91208  Purpose of Disbursement CONSULTING - MANAGEMENT Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.63655 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	<b>Amount of Each Disbursement this Period</b> 300.00
<b>B.</b>	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT  Mailing Address 1420 SPRING HILL RD STE 490  City MCLEAN State VA Zip Code 22102  Purpose of Disbursement AGENCY FEE Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.63646 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6	<b>Amount of Each Disbursement this Period</b> 8780.22
<b>C.</b>	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT  Mailing Address 1420 SPRING HILL RD STE 490  City MCLEAN State VA Zip Code 22102  Purpose of Disbursement AGENCY FEE Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.63647 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	<b>Amount of Each Disbursement this Period</b> 4100.85

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>13181.07</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>CAMPAIGN FUNDING DIRECT</b>	<b>Transaction ID:</b> SB21B.63648 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
	Mailing Address 1420 SPRING HILL RD STE 490		Amount of Each Disbursement this Period 1783.44
	City MCLEAN State VA Zip Code 22102		
	Purpose of Disbursement AGENCY FEE	003 Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>EBERLE COMMUNICATIONS GROUP</b>	<b>Transaction ID:</b> SB21B.63649 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490		Amount of Each Disbursement this Period 697.53
	City MCLEAN State VA Zip Code 22102		
	Purpose of Disbursement COMPUTER - POSTAL	003 Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>ECG DATA CENTER</b>	<b>Transaction ID:</b> SB21B.63650 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6	
	Mailing Address 1420 SPRING HILL RD STE 490		Amount of Each Disbursement this Period 1857.18
	City MCLEAN State VA Zip Code 22102		
	Purpose of Disbursement COMPUTER - LIST MAINTENANCE	001 Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

4338.15

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>ECG DATA CENTER</b>  Mailing Address <b>1420 SPRING HILL RD STE 490</b>  City <b>MCLEAN</b> State <b>VA</b> Zip Code <b>22102</b>  Purpose of Disbursement <b>COMPUTER - LIST MAINTENANCE</b> Candidate Name _____  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.63651 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>1 2 / 1 8 / 2 0 0 6</b>	Amount of Each Disbursement this Period  <b>1627.83</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>ELECTRONIC REPORTING SYSTEMS, INC.</b>  Mailing Address <b>1155 - 15TH ST, NW SUITE 614</b>  City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20005</b>  Purpose of Disbursement <b>ELECTRONIC DISCLOSURE REPORTING</b> Candidate Name _____  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.63661 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>1 2 / 1 6 / 2 0 0 6</b>	Amount of Each Disbursement this Period  <b>1500.00</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>GLENDALE HILTON HOTEL</b>  Mailing Address <b>100 W GLENOAKS BLVD</b>  City <b>GLENDALE</b> State <b>CA</b> Zip Code <b>91202</b>  Purpose of Disbursement <b>ANNUAL BOARD MEETING</b> Candidate Name _____  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.63663 <b>Date of Disbursement</b> M M / D D / Y Y Y Y <b>1 2 / 1 4 / 2 0 0 6</b>	Amount of Each Disbursement this Period  <b>1722.10</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4849.93</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) SMOKEHOUSE RESTAURANT	Transaction ID: SB21B.63664 Date of Disbursement 12 / 13 / 2006
	Mailing Address 4420 LAKESIDE DR	Amount of Each Disbursement this Period 363.34
	City BURBANK State CA Zip Code 91502	
	Purpose of Disbursement ANNUAL BOARD DINNER Candidate Name	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) JOHN PHILIP SOUSA	Transaction ID: SB21B.63662 Date of Disbursement 12 / 14 / 2006
	Mailing Address 145 WATERVILLE ROAD	Amount of Each Disbursement this Period 600.00
	City FARMINGTON State CT Zip Code 06032	
	Purpose of Disbursement REIMB - AIR TRAVEL & HOTEL Candidate Name	002 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) US POSTMASTER	Transaction ID: SB21B.63652 Date of Disbursement 12 / 27 / 2006
	Mailing Address 2100 MONTROSE AVE	Amount of Each Disbursement this Period 5500.00
	City MONTROSE State CA Zip Code 91204	
	Purpose of Disbursement BRM POSTAGE DEPOSIT Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	6463.34
<b>TOTAL</b> 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)

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<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

<b>A.</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 ACCOUNT SERVICE CHARGE (4TH QTR) Candidate Name	Transaction ID: SB21B.63658 Date of Disbursement 12 / 19 / 2006 <hr/> Amount of Each Disbursement this Period 30.00
<b>B.</b> Full Name (Last, First, Middle Initial) ZIP MAILING SERVICES, INC. <hr/> Mailing Address 288 HANLEY INDUSTRIAL CT <hr/> City ST LOUIS State MO Zip Code 63144 <hr/> Purpose of Disbursement POSTAGE - MAILHOUSE Candidate Name	Transaction ID: SB21B.63653 Date of Disbursement 12 / 11 / 2006 <hr/> Amount of Each Disbursement this Period 704.14

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

734.14

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

30838.23

**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 56 / 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" 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: SB26.63666 Date of Disbursement
	Mailing Address 1241 OAK CIRCLE DRIVE	<input type="text" value="12"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City GLENDALE State CA Zip Code 91208	Amount of Each Disbursement this Period
	Purpose of Disbursement LOAN REPAYMENT Candidate Name	<input type="text" value="500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="009"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) MR ALLEN BRANDSTATER	Transaction ID: SB26.66079 Date of Disbursement
	Mailing Address 1241 OAK CIRCLE DRIVE	<input type="text" value="12"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="06"/>
	City GLENDALE State CA Zip Code 91208	Amount of Each Disbursement this Period
	Purpose of Disbursement LOAN REPAYMENT Candidate Name	<input type="text" value="200.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="009"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ..... ►

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



# SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

## LOANS

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

Transaction ID: SC/10.11562

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

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 1241 OAK CIRCLE DRIVE

City GLENDALE State CA ZIP Code 91208

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	3000.00	0.00

### TERMS

Date Incurred: MM DD YYYY    Date Due:  Interest Rate:  % (apr) Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text" value="0.00"/>

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period 8989.72		<b>Transaction ID:</b> SD10.40707	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8989.72	

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

Outstanding Balance Beginning This Period 45308.43		<b>Transaction ID:</b> SD10.11517	
Amount Incurred This Period 0.00	Payment This Period 14664.51	Outstanding Balance at Close of This Period 30643.92	

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

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

<b>1) SUBTOTALS</b> This Period This Page (optional).....	64953.79
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="16101.30"/>		<b>Transaction ID:</b> SD10.40713	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="16101.30"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="75.00"/>		<b>Transaction ID:</b> SD10.40714	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="75.00"/>	

<b>C.</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 <input type="text" value="14646.48"/>		<b>Transaction ID:</b> SD10.11519	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3485.01"/>	Outstanding Balance at Close of This Period <input type="text" value="11161.47"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="27337.77"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> ELECTRONIC REPORTING SYSTEMS, INC.			Nature of Debt (Purpose): ELECTRONIC DISCLOSURE REPORTING
Mailing Address 1155 - 15TH ST, NW SUITE 614			
City	State	ZIP Code	
WASHINGTON	DC	20005	

Outstanding Balance Beginning This Period		Transaction ID: SD10.63660	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
6387.80	1500.00	4887.80	

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	10586.05
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period 35745.58	<b>Transaction ID:</b> SD10.11521	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 35745.58

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

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

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

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

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>50724.88</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	<b>153602.49</b>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<b>0.00</b>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<b>153602.49</b>