

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) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

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 07 29 2009

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From: 

M	M
1	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"><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) .....	103876.12									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From: 

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		
(i) Itemized (use Schedule A) .....	9245.00	79468.00
(ii) Unitemized .....	40267.78	728881.89
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	49512.78	808349.89
(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

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	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

FEC Form 3X (Rev. 02/2003)

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: PAGE 6 / 59

(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 ALFRED E ANDING

Mailing Address 4921 TONYAWATHA TRL

City State Zip Code  
**MONONA WI 53716**

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  
12 / 15 / 2006

**Transaction ID: SA11AI.65309**

Amount of Each Receipt this Period 200.00

**B.**

Full Name (Last, First, Middle Initial)  
DOROTHY K ANDRIST

Mailing Address 26 PEARL ST

City State Zip Code  
**GLOVERSVILLE NY 12078**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 28 / 2006

**Transaction ID: SA11AI.64046**

Amount of Each Receipt this Period 50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR J W ARNOLD

Mailing Address PO BOX 6566

City State Zip Code  
**TYLER TX 75711**

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation **OIL & GAS**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 28 / 2006

**Transaction ID: SA11AI.64598**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 350.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 59  
(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)  
HAROLD B ATKINSON, JR

Mailing Address W C B R-250 PANTOPS MT RD  
C L 2214

City State Zip Code  
CHARLOTTESVILLE VA 22911

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

Name of Employer Occupation  
CLERGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

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

**Transaction ID:** SA11AI.64497

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
HAROLD B ATKINSON, JR

Mailing Address W C B R-250 PANTOPS MT RD  
C L 2214

City State Zip Code  
CHARLOTTESVILLE VA 22911

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

Name of Employer Occupation  
CLERGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

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

**Transaction ID:** SA11AI.64498

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
MARY R BELL

Mailing Address 52 VIA DEL SOL

City State Zip Code  
SOLVANG CA 93463

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 ▼ 380.00

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

**Transaction ID:** SA11AI.63765

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **175.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 59  
(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 WILFERD BERKS		Date of Receipt MM / DD / YYYY 12 / 28 / 2006
Mailing Address 962 S W 900TH RD		<b>Transaction ID:</b> SA11AI.64043
City MONTROSE	State MO	Zip Code 64770
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 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 ▼ 455.00	

**B.**

Full Name (Last, First, Middle Initial) MR WILLIAM BEYER		Date of Receipt MM / DD / YYYY 12 / 29 / 2006
Mailing Address 6309 BURNHAM CIR APT 203		<b>Transaction ID:</b> SA11AI.64994
City INVER GROVE HEIGHT	State MN	Zip Code 55076
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 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 ▼ 390.00	

**C.**

Full Name (Last, First, Middle Initial) MR JAMES BICKLEY		Date of Receipt MM / DD / YYYY 12 / 01 / 2006
Mailing Address 14 CASA VERDE		<b>Transaction ID:</b> SA11AI.63950
City LAKEWAY	State TX	Zip Code 78734
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 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 ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	220.00
<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 9 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) 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
	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 ▼	<input type="text"/>
		<input type="text"/> 270.00	<input type="text"/> 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
	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 ▼	<input type="text"/>
		<input type="text"/> 329.00	<input type="text"/> 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
	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 ▼	<input type="text"/>
		<input type="text"/> 281.00	<input type="text"/> 35.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 250.00
<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 10 / 59  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
MS FUMIE BOYCE

Mailing Address 332 THUNDERBIRD CT S E

City State Zip Code  
LACEY WA 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  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

**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 State Zip Code  
TUCSON AZ 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  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

**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 State Zip Code  
NORTH LAS VEGAS NV 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  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

**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 / 59  
(check only one)

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
MRS SUSAN BRUNOFF

Mailing Address 334 W CEDAR ST

City State Zip Code  
NEW HOLLAND PA 17557

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 569.00

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

**Transaction ID:** SA11AI.64610

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
MRS SUSAN BRUNOFF

Mailing Address 334 W CEDAR ST

City State Zip Code  
NEW HOLLAND PA 17557

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 709.00

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

**Transaction ID:** SA11AI.64611

Amount of Each Receipt this Period  
140.00

**C.** Full Name (Last, First, Middle Initial)  
MR MAX BUCHMILLER

Mailing Address 8954 CHERRY AVE

City State Zip Code  
ORANGEVALE CA 95662

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

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

**Transaction ID:** SA11AI.64111

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **210.00**

**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 12 / 59  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MS DOROTHY BURLESON

Mailing Address 6110 VICTOR ST

City State Zip Code  
DALLAS TX 75214

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 ▼ 207.00

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

Transaction ID: SA11AI.64116

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS BILLIE M CAMPBELL

Mailing Address 900 SEMINOLE RD

City State Zip Code  
RADCLIFF KY 40160

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 ▼ 304.00

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

Transaction ID: SA11AI.64177

Amount of Each Receipt this Period  
35.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS BILLIE M CAMPBELL

Mailing Address 900 SEMINOLE RD

City State Zip Code  
RADCLIFF KY 40160

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 ▼ 364.00

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

Transaction ID: SA11AI.64178

Amount of Each Receipt this Period  
60.00

**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: (check only one)	PAGE 13 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) BYRNECE CAMPBELL		Date of Receipt
	Mailing Address 1421 S W 78TH TER		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 1 / 2 0 0 6
	City	State	Zip Code
	OKLAHOMA CITY	OK	73159
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.64463
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 ▼ 206.00	<input type="text"/> 35.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MR CRAIG CAMPBELL		Date of Receipt
	Mailing Address 3355 MISSION AVE #111		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 8 / 2 0 0 6
	City	State	Zip Code
	OCEANSIDE	CA	92054
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.63893
Name of Employer KALUA ROCKS LLC		Occupation PARTNER	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 ▼ 500.00	<input type="text"/> 75.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MR MOIRA CASTLE		Date of Receipt
	Mailing Address 13462 MASON VILLAGE CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 1 / 2 0 0 6
	City	State	Zip Code
	SAINT LOUIS	MO	63131
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.63949
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 ▼ 931.00	<input type="text"/> 35.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 145.00
<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 14 / 59  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR CHARLES CHANDLER  
Mailing Address 17528 CHANDLER LN  
City BAKER CITY State OR Zip Code 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 12 / 28 / 2006  
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 FORT WORTH State TX Zip Code 76107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 804.00  
Date of Receipt 12 / 01 / 2006  
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 LEBANON State OR Zip Code 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 12 / 08 / 2006  
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 / 59  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MRS 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: (check only one)	PAGE 16 / 59
	<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 JOSEPH DANKO	Date of Receipt MM / DD / YYYY 12 / 22 / 2006
	Mailing Address 11216 SHANNONDELL DR	<b>Transaction ID:</b> SA11AI.64692
	City State Zip Code AUDUBON PA 19403	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 ▼ 300.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MR JOSEPH DANKO	Date of Receipt MM / DD / YYYY 12 / 28 / 2006
	Mailing Address 11216 SHANNONDELL DR	<b>Transaction ID:</b> SA11AI.64693
	City State Zip Code AUDUBON PA 19403	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MR LESTER DOREMIRE	Date of Receipt MM / DD / YYYY 12 / 28 / 2006
	Mailing Address R R 1 BOX 138	<b>Transaction ID:</b> SA11AI.63872
	City State Zip Code CHALMERS IN 47929	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 815.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	145.00
<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 17 / 59  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MRS 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 / 59  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR 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 Y  
12 / 28 / 2006

**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 Y  
12 / 15 / 2006

**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 Y  
12 / 29 / 2006

**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 / 59  
(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)  
MISS RUTH FERNANDES

Mailing Address 1717 NORFOLK AVE APT 1219

City LUBBOCK State TX Zip Code 79416

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 ▼ 261.00

Date of Receipt: 12 / 18 / 2006  
**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 LUBBOCK State TX Zip Code 79416

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 ▼ 338.00

Date of Receipt: 12 / 28 / 2006  
**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 DALLAS State TX Zip Code 75214

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 / 07 / 2006  
**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 / 59  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MRS 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  
MM / DD / YYYY  
12 / 28 / 2006

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  
MM / DD / YYYY  
11 / 28 / 2006

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  
MM / DD / YYYY  
12 / 28 / 2006

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 / 59  
(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 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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y 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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 263.00

Date of Receipt  
M M / D D / Y 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:  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 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 / 59

(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 EDWARD L GIOMI

Mailing Address 508 BARRINGTON AVE

City State Zip Code  
EAST DUNDEE IL 60118

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 ▼ 240.00

Date of Receipt

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

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 State Zip Code  
HANFORD CA 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

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

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 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 ▼ 203.00

Date of Receipt

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

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 / 59

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MS 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
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
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
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 / 59  
(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)  
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 / 59  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR ROBERT HANNING  
Mailing Address 12240 MARI LN  
City MINNETONKA State MN Zip Code 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 12 / 22 / 2006  
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 ANACORTES State WA Zip Code 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 12 / 28 / 2006  
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 MOUNT VERNON State OH Zip Code 43050  
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 ▼ 206.00  
Date of Receipt 12 / 29 / 2006  
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 / 59  
(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 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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 353.00

Date of Receipt  
M M / D D / 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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 339.00

Date of Receipt  
M M / D D / 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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / 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: (check only one)	PAGE 27 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR ARTHUR HUDSON	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 1 / 2 0 0 6
	Mailing Address 120 ECHO DR	<b>Transaction ID:</b> SA11AI.63759
	City State Zip Code HENDERSONVILLE NC 28739	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 341.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR CLARENCE A JERMYN	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6
	Mailing Address 4810 N W HWY 72 LOT 118	<b>Transaction ID:</b> SA11AI.64030
	City State Zip Code ARCADIA FL 34266	Amount of Each Receipt this Period 108.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR RAYMOND JOHNSON	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 6
	Mailing Address PO BOX 613	<b>Transaction ID:</b> SA11AI.63669
	City State Zip Code EMMETT ID 83617	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer US AIR FORCE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	173.00
<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 28 / 59

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MRS HILDA JUDD

Mailing Address P O BOX 50153  
801 PARK LANE

City State Zip Code  
SANTA BARBARA CA 93150

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
1	2		2	8		2	0	0	6

Transaction ID: SA11AI.64156

Amount of Each Receipt this Period

73.00
-------

**B.**

Full Name (Last, First, Middle Initial)  
MRS ROSEMARY JUNGBLUT

Mailing Address 3400 WAGNER HTS RD APT 244

City State Zip Code  
STOCKTON CA 95209

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		0	8		2	0	0	6

Transaction ID: SA11AI.64383

Amount of Each Receipt this Period

35.00
-------

**C.**

Full Name (Last, First, Middle Initial)  
FRED KERR

Mailing Address 5310 HIGHWAY 65

City State Zip Code  
CHILLICOTHE MO 64601

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

Name of Employer Occupation  
SELF EMPLOYED FARMER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 673.00

Date of Receipt

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

Transaction ID: SA11AI.63699

Amount of Each Receipt this Period

35.00
-------

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

143.00
--------

**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 29 / 59  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR 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
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
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
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 / 59  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
MS 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 / 59  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR PHILIP MALONEY  
Mailing Address P O BOX 5933  
City CAREFREE State AZ Zip Code 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 12 / 04 / 2006  
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 YOAKUM State TX Zip Code 77995  
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 ▼ 420.00  
Date of Receipt 12 / 28 / 2006  
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 BARCLAY State MD Zip Code 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 12 / 29 / 2006  
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 / 59  
(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)  
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 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 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 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 / 59  
(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) LINDA G MILLER		Date of Receipt MM / DD / YYYY 12 / 07 / 2006
Mailing Address 4581 PORTAGE TRL		<b>Transaction ID:</b> SA11AI.63743
City MELBOURNE	State FL	Zip Code 32940
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.00	

**B.**

Full Name (Last, First, Middle Initial) LINDA G MILLER		Date of Receipt MM / DD / YYYY 12 / 29 / 2006
Mailing Address 4581 PORTAGE TRL		<b>Transaction ID:</b> SA11AI.63744
City MELBOURNE	State FL	Zip Code 32940
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.00	

**C.**

Full Name (Last, First, Middle Initial) MRS SUSAN R MOORE		Date of Receipt MM / DD / YYYY 12 / 28 / 2006
Mailing Address 499 N W HARRIS LAKE DR		<b>Transaction ID:</b> SA11AI.64186
City LAKE CITY	State FL	Zip Code 32055
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 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 ▼ 226.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>120.00</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 34 / 59  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MS 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 NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 213.00

Date of Receipt  
M M / D D / Y 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 NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 229.00

Date of Receipt  
M M / D D / Y 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 US NAVY Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
M M / D D / Y 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 / 59

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MRS WILMA NIXON

Mailing Address 8701 MAYFIELD RD #121

City State Zip Code  
CHESTERLAND OH 44026

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) ▼ 600.00

Date of Receipt

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

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 State Zip Code  
DARIEN CT 06820

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

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 294.00

Date of Receipt

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

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 State Zip Code  
DARIEN CT 06820

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

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 321.00

Date of Receipt

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

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 / 59  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) CAPT GEORGE OCHS		Date of Receipt MM / DD / YYYY 12 / 11 / 2006
Mailing Address 1141 HUS DR APT 105		<b>Transaction ID:</b> SA11AI.64089
City WATERTOWN	State WI	Zip Code 53098
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00
Name of Employer US AIR FORCE	Occupation OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

**B.**

Full Name (Last, First, Middle Initial) CAPT GEORGE OCHS		Date of Receipt MM / DD / YYYY 12 / 28 / 2006
Mailing Address 1141 HUS DR APT 105		<b>Transaction ID:</b> SA11AI.64090
City WATERTOWN	State WI	Zip Code 53098
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00
Name of Employer US AIR FORCE	Occupation OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

**C.**

Full Name (Last, First, Middle Initial) CAPT GEORGE OCHS		Date of Receipt MM / DD / YYYY 12 / 29 / 2006
Mailing Address 1141 HUS DR APT 105		<b>Transaction ID:</b> SA11AI.64091
City WATERTOWN	State WI	Zip Code 53098
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00
Name of Employer US AIR FORCE	Occupation OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	105.00
<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 37 / 59  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR 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 / 59  
(check only one)

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

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

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

**A.**

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

Mailing Address 5 ATLANTIC ST

City EAST HAMPTON State NY Zip Code 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 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 DEERFIELD State WI Zip Code 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 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 DEERFIELD State WI Zip Code 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 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 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) 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 / 59  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR 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 SALEMTOWNE 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 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR JAMES ROBERTS	Date of Receipt MM / DD / YYYY 12 / 04 / 2006
	Mailing Address H C 34 BOX 380	<b>Transaction ID:</b> SA11AI.64016
	City State Zip Code LEWISBURG WV 24901	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 ▼ 365.00

<b>B.</b>	Full Name (Last, First, Middle Initial) ELIZABETH SCHAFER	Date of Receipt MM / DD / YYYY 12 / 15 / 2006
	Mailing Address 610 1ST ST	<b>Transaction ID:</b> SA11AI.63875
	City State Zip Code CORONADO CA 92118	Amount of Each Receipt this Period 250.00
	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 ▼ 4350.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MS MABEL P SHIELDS	Date of Receipt MM / DD / YYYY 12 / 19 / 2006
	Mailing Address 5955 HICKORY GROVE RD	<b>Transaction ID:</b> SA11AI.64259
	City State Zip Code GREENSBORO NC 27409	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer NONE Occupation RETIRED	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>335.00</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 42 / 59

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) MS MABEL P SHIELDS		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 7 / 2 0 0 6		
	Mailing Address 5955 HICKORY GROVE RD		<b>Transaction ID:</b> SA11AI.64260		
	City GREENSBORO	State NC	Zip Code 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) ▼		Aggregate Year-to-Date ▼ 274.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) MR JOHN ANSON SMITH		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6		
	Mailing Address PO BOX 2709		<b>Transaction ID:</b> SA11AI.64141		
	City NAPLES	State FL	Zip Code 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) ▼		Aggregate Year-to-Date ▼ 285.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) MR WILLIAM B SNYDER		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6		
	Mailing Address 555 5TH AVE N E PH 2		<b>Transaction ID:</b> SA11AI.64473		
	City SAINT PETERSBURG	State FL	Zip Code 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) ▼		Aggregate Year-to-Date ▼ 600.00			

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

355.00

**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 43 / 59

(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 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 Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 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: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 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: (check only one)	PAGE 44 / 59
	<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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **310.00**

**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 45 / 59

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) DR RODNEY B TRIMBLE, MD		Date of Receipt MM / DD / YYYY 12 / 18 / 2006		
	Mailing Address 601 MARSHALL		<b>Transaction ID:</b> SA11AI.64941		
	City HOUSTON	State TX	Zip Code 77006	Amount of Each Receipt this Period 35.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer SELF EMPLOYED		Occupation PHYSICIAN			
		Aggregate Year-to-Date ▼ 210.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) MR GEORGE TURNBULL		Date of Receipt MM / DD / YYYY 12 / 29 / 2006		
	Mailing Address 7260 NIXON DR		<b>Transaction ID:</b> SA11AI.64024		
	City RIVERSIDE	State CA	Zip Code 92504	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer		Occupation			
		Aggregate Year-to-Date ▼ 230.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) MR PAUL D VEACH		Date of Receipt MM / DD / YYYY 12 / 28 / 2006		
	Mailing Address 729 GREEN COVE LN		<b>Transaction ID:</b> SA11AI.64303		
	City DALLAS	State TX	Zip Code 75232	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer N/A		Occupation RETIRED			
		Aggregate Year-to-Date ▼ 256.00			

**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 / 59

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

MRS 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 Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 406.00

Date of Receipt

M	M	/	D	D	/	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 Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 478.00

Date of Receipt

M	M	/	D	D	/	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 Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 558.00

Date of Receipt

M	M	/	D	D	/	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: (check only one)	PAGE 47 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) CLARENCE L WATSON		Date of Receipt	
	Mailing Address 310 HESTER AVE LOT 201		M M / D D / Y Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.64397
	DONNA	TX	78537	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		15.00	
Name of Employer NONE		Occupation NOT EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 392.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MR ROBERT D WELCHLI		Date of Receipt	
	Mailing Address 348 PROVENCAL RD		M M / D D / Y Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.64553
	GROSSE POINTE FARM	MI	48236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		50.00	
Name of Employer RETIRED		Occupation ATTORNEY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 385.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) RUTH WEST		Date of Receipt	
	Mailing Address 201 CRONIN ST		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.63945
	BRISTOL	CT	06010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 275.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	115.00
<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 48 / 59

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) BILL WESTOVER		Date of Receipt																					
	Mailing Address 7900 BAKMAN 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>2</td><td>9</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	9	/	2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2	/	2	9	/	2	0	0	6														
	City	State	Zip Code		<b>Transaction ID:</b> SA11AI.63959																			
SUN VALLEY	CA	91352																						
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period																				
				35.00																				
Name of Employer		Occupation																						
Receipt For:		Aggregate Year-to-Date ▼																						
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		280.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) MS MARY ELIZABETH WHITE		Date of Receipt																					
	Mailing Address 4461 STACK BLVD APT E130		<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>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	7	/	2	0	0	6
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2	/	0	7	/	2	0	0	6														
	City	State	Zip Code		<b>Transaction ID:</b> SA11AI.63711																			
MELBOURNE	FL	32901																						
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period																				
				35.00																				
Name of Employer		Occupation																						
NONE		RETIRED																						
Receipt For:		Aggregate Year-to-Date ▼																						
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		1217.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) MS MARY ELIZABETH WHITE		Date of Receipt																					
	Mailing Address 4461 STACK BLVD APT E130		<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		<b>Transaction ID:</b> SA11AI.63712																			
MELBOURNE	FL	32901																						
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period																				
				101.00																				
Name of Employer		Occupation																						
NONE		RETIRED																						
Receipt For:		Aggregate Year-to-Date ▼																						
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		1318.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	171.00
<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 49 / 59  
(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)  
MRS BETTY WOLFE

Mailing Address 1600 TEXAS ST APT 1611

City State Zip Code  
FORT WORTH TX 76102

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

Name of Employer NONE Occupation RETIRED

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 / 0 8 / 2 0 0 6

**Transaction ID:** SA11AI.65048

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MR TIM WORD

Mailing Address P O BOX 310330

City State Zip Code  
NEW BRAUNFELS TX 78131

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

Name of Employer DEAN WORD CO Occupation EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

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

**Transaction ID:** SA11AI.63775

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
HAROLD A YOUNG

Mailing Address 1425 BELLEAIRE ST

City State Zip Code  
OCEANSIDE CA 92054

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 261.00

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

**Transaction ID:** SA11AI.64310

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 250.00

**TOTAL** This Period (last page this line number only) ..... ▶ 9245.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) MR ALLEN BRANDSTATER	Transaction ID: SB21B.63654 Date of Disbursement																			
	Mailing Address 1241 OAK CIRCLE DRIVE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>6</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		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	6		2	0	0	6												
	City GLENDALE State CA Zip Code 91208	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONSULTING - MANAGEMENT	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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) MR ALLEN BRANDSTATER	Transaction ID: SB21B.63656 Date of Disbursement																			
	Mailing Address 1241 OAK CIRCLE DRIVE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>5</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	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	5		2	0	0	6												
	City GLENDALE State CA Zip Code 91208	Amount of Each Disbursement this Period																			
	Purpose of Disbursement REIMB - POSTAGE, OFFICE SUPPLIES, MEALS	<table border="1"><tr><td>647.61</td></tr></table>	647.61																		
647.61																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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) MR ALLEN BRANDSTATER	Transaction ID: SB21B.63657 Date of Disbursement																			
	Mailing Address 1241 OAK CIRCLE DRIVE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>9</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	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	9		2	0	0	6												
	City GLENDALE State CA Zip Code 91208	Amount of Each Disbursement this Period																			
	Purpose of Disbursement REIMB - MEALS & TRAVEL	<table border="1"><tr><td>123.99</td></tr></table>	123.99																		
123.99																					
	Candidate Name	<table border="1"><tr><td>002</td></tr></table> Category/Type	002																		
002																					
	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) .....	<table border="1"><tr><td>1271.60</td></tr></table>	1271.60
1271.60		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR ALLEN BRANDSTATER <hr/> Mailing Address 1241 OAK CIRCLE DRIVE <hr/> City GLENDALE State CA Zip Code 91208 <hr/> Purpose of Disbursement CONSULTING - MANAGEMENT Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63655 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
	Amount of Each Disbursement this Period 300.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement AGENCY FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63646 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6
	Amount of Each Disbursement this Period 8780.22
	Category/ Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement AGENCY FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63647 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
	Amount of Each Disbursement this Period 4100.85
	Category/ Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

13181.07

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

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

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) <b>CAMPAIGN FUNDING DIRECT</b>	<b>Transaction ID:</b> SB21B.63648
	Mailing Address 1420 SPRING HILL RD STE 490	Date of Disbursement 12 / 18 / 2006
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 1783.44
	Purpose of Disbursement AGENCY FEE 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.	Full Name (Last, First, Middle Initial) <b>EBERLE COMMUNICATIONS GROUP</b>	<b>Transaction ID:</b> SB21B.63649
	Mailing Address 1420 SPRING HILL ROAD, SUITE 490	Date of Disbursement 12 / 12 / 2006
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 697.53
	Purpose of Disbursement COMPUTER - POSTAL 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) ▼

C.	Full Name (Last, First, Middle Initial) <b>ECG DATA CENTER</b>	<b>Transaction ID:</b> SB21B.63650
	Mailing Address 1420 SPRING HILL RD STE 490	Date of Disbursement 12 / 11 / 2006
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 1857.18
	Purpose of Disbursement COMPUTER - LIST MAINTENANCE 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4338.15</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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
ECG DATA CENTER

**Transaction ID:** SB21B.63651  
**Date of Disbursement**

Mailing Address 1420 SPRING HILL RD  
STE 490

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

City State Zip Code  
MCLEAN VA 22102

Amount of Each Disbursement this Period

1627.83
---------

Purpose of Disbursement  
COMPUTER - LIST MAINTENANCE

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

**B.**

Full Name (Last, First, Middle Initial)  
ELECTRONIC REPORTING SYSTEMS, INC.

**Transaction ID:** SB21B.63661  
**Date of Disbursement**

Mailing Address 1155 - 15TH ST, NW  
SUITE 614

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

City State Zip Code  
WASHINGTON DC 20005

Amount of Each Disbursement this Period

1500.00
---------

Purpose of Disbursement  
ELECTRONIC DISCLOSURE REPORTING

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

**C.**

Full Name (Last, First, Middle Initial)  
GLENDALE HILTON HOTEL

**Transaction ID:** SB21B.63663  
**Date of Disbursement**

Mailing Address 100 W GLENOAKS BLVD

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

City State Zip Code  
GLENDALE CA 91202

Amount of Each Disbursement this Period

1722.10
---------

Purpose of Disbursement  
ANNUAL BOARD MEETING

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

4849.93
---------

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

--

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) SMOKEHOUSE RESTAURANT	Transaction ID: SB21B.63664 Date of Disbursement																			
	Mailing Address 4420 LAKESIDE DR	<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>3</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	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	3		2	0	0	6												
	City BURBANK State CA Zip Code 91502	Amount of Each Disbursement this Period																			
	Purpose of Disbursement ANNUAL BOARD DINNER Candidate Name	<table border="1"><tr><td>363.34</td></tr></table>	363.34																		
363.34																					
	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) ▼																			
		001 Category/Type																			

B.	Full Name (Last, First, Middle Initial) JOHN PHILIP SOUSA	Transaction ID: SB21B.63662 Date of Disbursement																			
	Mailing Address 145 WATERVILLE ROAD	<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>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	0	6												
	City FARMINGTON State CT Zip Code 06032	Amount of Each Disbursement this Period																			
	Purpose of Disbursement REIMB - AIR TRAVEL & HOTEL Candidate Name	<table border="1"><tr><td>600.00</td></tr></table>	600.00																		
600.00																					
	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) ▼																			
		002 Category/Type																			

C.	Full Name (Last, First, Middle Initial) US POSTMASTER	Transaction ID: SB21B.63652 Date of Disbursement																			
	Mailing Address 2100 MONTROSE 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>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	7		2	0	0	6												
	City MONTROSE State CA Zip Code 91204	Amount of Each Disbursement this Period																			
	Purpose of Disbursement BRM POSTAGE DEPOSIT Candidate Name	<table border="1"><tr><td>5500.00</td></tr></table>	5500.00																		
5500.00																					
	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) ▼																			
		003 Category/Type																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>6463.34</td></tr></table>	6463.34
6463.34		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 59

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

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) WELLS FARGO BANK</p> <p>Mailing Address PO BOX 5247</p> <p>City DENVER State CO Zip Code 80274</p> <p>Purpose of Disbursement ACCOUNT SERVICE CHARGE (4TH QTR)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.63658</p> <p>Date of Disbursement 12 / 19 / 2006</p> <p>Amount of Each Disbursement this Period 30.00</p> <p>Category/Type 001</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) ZIP MAILING SERVICES, INC.</p> <p>Mailing Address 288 HANLEY INDUSTRIAL CT</p> <p>City ST LOUIS State MO Zip Code 63144</p> <p>Purpose of Disbursement POSTAGE - MAILHOUSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.63653</p> <p>Date of Disbursement 12 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 704.14</p> <p>Category/Type 003</p>

**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 / 59

<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

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

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

A.	Full Name (Last, First, Middle Initial) MR ALLEN BRANDSTATER	Transaction ID: 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.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGN FUNDING DIRECT	Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING
Mailing Address 1420 SPRING HILL RD STE 490	
City State ZIP Code MCLEAN VA 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>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor COLORTREE	Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR AAI
Mailing Address 2519 BRITTONS HILL RD	
City State ZIP Code RICHMOND VA 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>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 State ZIP Code MCLEAN VA 22102	

Outstanding Balance Beginning This Period 14646.48	<b>Transaction ID:</b> SD10.11519	
Amount Incurred This Period 0.00	Payment This Period 3485.01	Outstanding Balance at Close of This Period 11161.47

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	67125.54
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)	PAGE 59 / 59
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 <input type="text" value="0.00"/>	<b>Transaction ID: SD10.63660</b>	
Amount Incurred This Period <input type="text" value="2505.00"/>	Payment This Period <input type="text" value="1500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1005.00"/>

<b>B.</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 <input type="text" value="35745.58"/>	<b>Transaction ID: SD10.11521</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="35745.58"/>

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="36750.58"/>
2) <b>TOTALS</b> This Period (last page this line number only).....	<input type="text" value="103876.12"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="103876.12"/>