

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 04 2008 in the State of _____

5. Covering Period 10 01 2008 through 11 24 2008

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

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer Electronically Filed by SCOTT B MACKENZIE Date 01 30 2008

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

Office Use Only

FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 4 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|---------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 8 | | 2470.13 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 986.52 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 24190.83 | 193819.19 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 25177.35 | 196289.32 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 22433.35 | 193545.32 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 2744.00 | 2744.00 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 57823.75 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 4 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| 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 | 4165.00 | 24508.00 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 11125.22 | 120387.66 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 15290.22 | 144895.66 |
| (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) | 15290.22 | 144895.66 |
| 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 | 2802.61 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 8900.61 | 46120.92 |
| 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)) | 24190.83 | 193819.19 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 24190.83 | 193819.19 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 22433.35 | 188545.32 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 22433.35 | 188545.32 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 5000.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 22433.35 | 193545.32 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 22433.35 | 193545.32 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3 | 15290.22 | 144895.66 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 15290.22 | 144895.66 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 22433.35 | 188545.32 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 2802.61 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 22433.35 | 185742.71 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 29
(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)
LOUIS H BENNER 335

Mailing Address 645 FORT DUQUESNA DR

City State Zip Code
SUN CITY CENTER FL 33573

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 ▼ **210.00**

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2008

Transaction ID: SA11AI.52843

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
JANICE BERENS-PADDOCK 927

Mailing Address 913 E 21ST ST

City State Zip Code
SANTA ANA CA 92706

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
10 / 31 / 2008

Transaction ID: SA11AI.52918

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MRS ELIZABETH COCHRAN 070

Mailing Address 459 PASSAIC AVE APT 306

City State Zip Code
WEST CALDWELL NJ 07006

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2008

Transaction ID: SA11AI.52820

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **465.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 29
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MRS PRUDENCE P CUTLER 060

Mailing Address 7 PRATTLING POND RD

City State Zip Code
FARMINGTON CT 06032

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 ▼ 225.00

Date of Receipt: 11 / 10 / 2008
Transaction ID: SA11AI.52801
Amount of Each Receipt this Period: 100.00

B.

Full Name (Last, First, Middle Initial)
MR H DUNLAP 230

Mailing Address 989 SHOOTING BOX RD

City State Zip Code
KING WILLIAM VA 23086

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 03 / 2008
Transaction ID: SA11AI.52793
Amount of Each Receipt this Period: 50.00

C.

Full Name (Last, First, Middle Initial)
MR H DUNLAP 230

Mailing Address 989 SHOOTING BOX RD

City State Zip Code
KING WILLIAM VA 23086

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 28 / 2008
Transaction ID: SA11AI.52794
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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

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

A. Full Name (Last, First, Middle Initial)
MR CLIFFORD EHMKE 773

Mailing Address **121 GREEN PASTURE RD**

City **SHEPHERD** State **TX** Zip Code **77371**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **10 / 28 / 2008**
Transaction ID: SA11AI.52613
 Amount of Each Receipt this Period **100.00**

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

Mailing Address **1227 LE GRAY AVE**

City **LOS ANGELES** State **CA** Zip Code **90042**

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

Name of Employer Occupation
DISNEY/ABC INC TELEVISION ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **10 / 28 / 2008**
Transaction ID: SA11AI.53048
 Amount of Each Receipt this Period **100.00**

C. Full Name (Last, First, Middle Initial)
T HABECKER 986

Mailing Address **111 SE 98TH AVE**

City **VANCOUVER** State **WA** Zip Code **98664**

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 ▼ **600.00**

Date of Receipt **10 / 10 / 2008**
Transaction ID: SA11AI.52747
 Amount of Each Receipt this Period **200.00**

SUBTOTAL of Receipts This Page (optional) ► **400.00**

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 9 / 29 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| A. | Full Name (Last, First, Middle Initial) MISS AMANDA W HOPKINS 212 | Date of Receipt MM / DD / YYYY 10 / 07 / 2008 |
| | Mailing Address 830 W 40TH ST APT 509 | Transaction ID: SA11AI.52949 |
| | City State Zip Code BALTIMORE MD 21211 | Amount of Each Receipt this Period 240.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 360.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) MRS PAUL BENWOOD HUNTER 321 | Date of Receipt MM / DD / YYYY 10 / 22 / 2008 |
| | Mailing Address 4329 S ATLANTIC AVE | Transaction ID: SA11AI.52713 |
| | City State Zip Code PONCE INLET FL 32127 | Amount of Each Receipt this Period 200.00 |
| | 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 ▼ 300.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) MRS PAUL BENWOOD HUNTER 321 | Date of Receipt MM / DD / YYYY 10 / 29 / 2008 |
| | Mailing Address 4329 S ATLANTIC AVE | Transaction ID: SA11AI.52714 |
| | City State Zip Code PONCE INLET FL 32127 | Amount of Each Receipt this Period 50.00 |
| | 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 ▼ 350.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 490.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 29
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR WALTER H KLEINER 980

Mailing Address 1725 89TH PL N E

City State Zip Code
CLYDE HILL WA 98004

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.53078

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
MS SUSAN KOTTA 115

Mailing Address 33 LITTLEWORTH LN

City State Zip Code
SEA CLIFF NY 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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.52563

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR THOMAS R LAMBERT 921

Mailing Address 5674 ASHLAND AVE

City State Zip Code
SAN DIEGO CA 92120

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

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

Transaction ID: SA11AI.52809

Amount of Each Receipt this Period
35.00

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 11 / 29
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR KARL LEE 574

Mailing Address 1919 12TH AVE SE

City State Zip Code
ABERDEEN SD 57401

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
1 0 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.53028

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
JAMES W LIEBERT 857

Mailing Address 2302 E HAMPTON ST

City State Zip Code
TUCSON AZ 85719

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: SA11AI.52945

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
MRS ALONAH LORENZ 562

Mailing Address 160 40TH AVE S E

City State Zip Code
BENSON MN 56215

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

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

Transaction ID: SA11AI.52699

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional) ▶ **495.00**

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

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

A. Full Name (Last, First, Middle Initial)
MRS WILLIAM F MC GUIRE 672

Mailing Address 8725 STONERIDGE ST

City State Zip Code
WICHITA KS 67206

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

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

Transaction ID: SA11AI.53002

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MRS WILLIAM F MC GUIRE 672

Mailing Address 8725 STONERIDGE ST

City State Zip Code
WICHITA KS 67206

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

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

Transaction ID: SA11AI.53003

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MR G ROBERT MURDOCH 841

Mailing Address 1957 LAURELHURST DR

City State Zip Code
SALT LAKE CITY UT 84108

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 0 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.52783

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

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

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

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

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

A. Full Name (Last, First, Middle Initial)
MR ROBERT PRIEWE 577

Mailing Address 550 MULESHOE RD

City State Zip Code
BELLE FOURCHE SD 57717

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

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

Transaction ID: SA11AI.52786

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR ANTHONY H RYAN 037

Mailing Address 393 DORCHESTER RD

City State Zip Code
LYME NH 03768

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 ▼
2000.00

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

Transaction ID: SA11AI.52602

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MRS JANE T SHELTON 945

Mailing Address 20009 CATALINA DR

City State Zip Code
CASTRO VALLEY CA 94546

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

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

Transaction ID: SA11AI.52767

Amount of Each Receipt this Period
230.00

SUBTOTAL of Receipts This Page (optional) ► **1280.00**

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

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

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

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

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

A. Full Name (Last, First, Middle Initial)
MRS JANE T SHELTON 945
Mailing Address 20009 CATALINA DR
City State Zip Code
CASTRO VALLEY CA 94546
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 530.00
Date of Receipt: 10 / 29 / 2008
Transaction ID: SA11AI.52768
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
MR EDWIN SKURDAL 640
Mailing Address 1418 W STONE BLVD
City State Zip Code
RAYMORE MO 64083
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: 10 / 15 / 2008
Transaction ID: SA11AI.52771
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
MR EDWIN SKURDAL 640
Mailing Address 1418 W STONE BLVD
City State Zip Code
RAYMORE MO 64083
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: 11 / 10 / 2008
Transaction ID: SA11AI.52772
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 400.00
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 15 / 29 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | |
|---|--|---|
| A. | Full Name (Last, First, Middle Initial) MR IAN SONEGO 402 | Date of Receipt MM / DD / YYYY 10 / 07 / 2008 |
| | Mailing Address 3537 KAHLERT AVE | Transaction ID: SA11AI.52778 |
| | City State Zip Code LOUISVILLE KY 40215 | Amount of Each Receipt this Period 30.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation STATE OF KY ATTORNEY | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 230.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) CAPT ALFRED J TOULON 967, JR | Date of Receipt MM / DD / YYYY 11 / 24 / 2008 |
| | Mailing Address PO BOX 666 | Transaction ID: SA11AI.52583 |
| | City State Zip Code KOLOA HI 96756 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation US MILITARY OFFICER | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 275.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) 2008Q4 PSTELECT2 002 UNITEMIZED | Date of Receipt MM / DD / YYYY 11 / 24 / 2008 |
| | Mailing Address | Transaction ID: SA11AI.53112 |
| | City State Zip Code WASHINGTON DC 20005 | Amount of Each Receipt this Period -10.00 |
| | FEC ID number of contributing federal political committee. C | NSF CONTRIBUTION |
| | Name of Employer Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ -10.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) | 45.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 29
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MRS GRACE E WILSON 633

Mailing Address 1622 POLAR DR

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| WENTZVILLE | MO | 63385 |

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 ▼
375.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 3 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11AI.52549

Amount of Each Receipt this Period
155.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 155.00 |
| TOTAL This Period (last page this line number only) | ▶ | 4165.00 |

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

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 17 / 29 |
| | (check only one) |
| <input 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 checked="" type="checkbox"/> 17 |

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

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY | | Date of Receipt | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 1420 SPRING HILL RD STE 490 | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 3 | 1 | | 2 | 0 | 0 | 8 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 1 | 0 | | 3 | 1 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | | | |
| | City State Zip Code MCLEAN VA 22102 | | Transaction ID: SA17.52541 | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 6677.83 | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation | | LIST RENTAL INCOME | | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 43898.14 | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY | | Date of Receipt | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 1420 SPRING HILL RD STE 490 | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | | 0 | 1 | | 2 | 0 | 0 | 8 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 1 | 1 | | 0 | 1 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | | | |
| | City State Zip Code MCLEAN VA 22102 | | Transaction ID: SA17.53133 | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2222.78 | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation | | LIST RENTAL INCOME | | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 46120.92 | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 8900.61 |
| TOTAL This Period (last page this line number only) | 8900.61 |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | | | | | | | | | | | | | | | | | | | | |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT | Transaction ID: SB21B.53113 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 1420 SPRING HILL RD STE 490 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 0 | 6 | / | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | / | 0 | 6 | / | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING | <table border="1"><tr><td>625.54</td></tr></table> | 625.54 | | | | | | | | | | | | | | | | | | |
| 625.54 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | 003 Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT | Transaction ID: SB21B.53114 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 1420 SPRING HILL RD STE 490 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 0 | 3 | / | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 1 | / | 0 | 3 | / | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING | <table border="1"><tr><td>852.07</td></tr></table> | 852.07 | | | | | | | | | | | | | | | | | | |
| 852.07 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | 003 Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) ECG DATA CENTER | Transaction ID: SB21B.53115 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 1420 SPRING HILL RD STE 490 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 0 | 6 | / | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | / | 0 | 6 | / | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement DATA PROCESSING | <table border="1"><tr><td>1667.04</td></tr></table> | 1667.04 | | | | | | | | | | | | | | | | | | |
| 1667.04 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | 001 Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>3144.65</td></tr></table> | 3144.65 |
| 3144.65 | | |
| TOTAL This Period (last page this line number only) | <table border="1"><tr><td> </td></tr></table> | |
| | | |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) ECG DATA CENTER | Transaction ID: SB21B.53116 Date of Disbursement |
| | Mailing Address 1420 SPRING HILL RD STE 490 | <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2008"/> |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DATA PROCESSING | <input type="text" value="1655.96"/> |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <input type="text" value="001"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) ECG DATA CENTER | Transaction ID: SB21B.53117 Date of Disbursement |
| | Mailing Address 1420 SPRING HILL RD STE 490 | <input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2008"/> |
| | City MCLEAN State VA Zip Code 22102 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DATA PROCESSING | <input type="text" value="731.85"/> |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <input type="text" value="001"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL | Transaction ID: SB21B.53118 Date of Disbursement |
| | Mailing Address 21721-A FILIGREE CT | <input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2008"/> |
| | City ASHBURN State VA Zip Code 20147 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING | <input type="text" value="2000.00"/> |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | <input type="text" value="003"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="4387.81"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL | Transaction ID: SB21B.53119 |
| | Mailing Address 21721-A FILIGREE CT | Date of Disbursement 10 / 13 / 2008 |
| | City ASHBURN State VA Zip Code 20147 | Amount of Each Disbursement this Period 1500.00 |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING | 003 Category/Type |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL | Transaction ID: SB21B.53120 |
| | Mailing Address 21721-A FILIGREE CT | Date of Disbursement 10 / 21 / 2008 |
| | City ASHBURN State VA Zip Code 20147 | Amount of Each Disbursement this Period 1500.00 |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING | 003 Category/Type |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL | Transaction ID: SB21B.53121 |
| | Mailing Address 21721-A FILIGREE CT | Date of Disbursement 10 / 27 / 2008 |
| | City ASHBURN State VA Zip Code 20147 | Amount of Each Disbursement this Period 1635.37 |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING | 003 Category/Type |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 4635.37 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL</p> <p>Mailing Address 21721-A FILIGREE CT</p> <p>City ASHBURN State VA Zip Code 20147</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B.53122</p> <p>Date of Disbursement 11 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1288.56</p> <p>003 Category/Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC</p> <p>Mailing Address 4841 DILLON DR</p> <p>City PUEBLO State CO Zip Code 81008</p> <p>Purpose of Disbursement CAGING & ESCROW SERVICES</p> <p>Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B.53124</p> <p>Date of Disbursement 10 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 987.99</p> <p>001 Category/Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) RPALP</p> <p>Mailing Address 1420 SPRING HILL RD</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B.53125</p> <p>Date of Disbursement 10 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 3118.37</p> <p>003 Category/Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

5394.92

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

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) RPALP | Transaction ID: SB21B.53126 Date of Disbursement 11 / 17 / 2008 |
| | Mailing Address 1420 SPRING HILL RD | Amount of Each Disbursement this Period 500.00 |
| | City MCLEAN State VA Zip Code 22102 | |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | 003 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) RPALP | Transaction ID: SB21B.53127 Date of Disbursement 11 / 17 / 2008 |
| | Mailing Address 1420 SPRING HILL RD | Amount of Each Disbursement this Period 500.00 |
| | City MCLEAN State VA Zip Code 22102 | |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | 003 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) RST MARKETING | Transaction ID: SB21B.53128 Date of Disbursement 11 / 03 / 2008 |
| | Mailing Address 1272 CORPORATE PARK RD | Amount of Each Disbursement this Period 2076.00 |
| | City FOREST State VA Zip Code 24551 | |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | 003 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 3076.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

PAGE 23 / 29

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

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

| | | | | | | | | | | | | | | | | | | | | | |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) RST MARKETING | Transaction ID: SB21B.53129 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 1272 CORPORATE PARK RD | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 1 | 1 | / | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 1 | / | 1 | 1 | / | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City FOREST State VA Zip Code 24551 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement DIRECT MAIL FUNDRAISING | <table border="1"><tr><td>1511.27</td></tr></table> | 1511.27 | | | | | | | | | | | | | | | | | | |
| 1511.27 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | 003 Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) US POSTMASTER | Transaction ID: SB21B.53123 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>1</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 2 | 4 | / | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 1 | / | 2 | 4 | / | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City MONTROSE State CA Zip Code 91204 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement POSTAGE | <table border="1"><tr><td>180.00</td></tr></table> | 180.00 | | | | | | | | | | | | | | | | | | |
| 180.00 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | 001 Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) WELLS FARGO BANK | Transaction ID: SB21B.52538 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address PO BOX 5247 | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 3 | 1 | / | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 0 | / | 3 | 1 | / | 2 | 0 | 0 | 8 | | | | | | | | | | | | |
| | City DENVER State CO Zip Code 80274 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement BANK SERVICE CHARGE | <table border="1"><tr><td>103.33</td></tr></table> | 103.33 | | | | | | | | | | | | | | | | | | |
| 103.33 | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name AMERICANS AGAINST ILLEGAL IMMIGRATION PAC | 001 Category/Type | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |

| | | |
|--|--|----------|
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>1794.60</td></tr></table> | 1794.60 |
| 1794.60 | | |
| TOTAL This Period (last page this line number only) | <table border="1"><tr><td>22433.35</td></tr></table> | 22433.35 |
| 22433.35 | | |

SCHEDULE C (FEC Form 3X)

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

LOANS

NAME OF COMMITTEE (In Full)
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC
Transaction ID: SC/10.31059

| | | |
|---|----------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER | | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 2029 VERDUGO BLVD #1020 | | |
| City MONTROSE | State CA | ZIP Code 91020 |

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

TERMS

| | | | |
|----------------------------------|-------------|----------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 04 D D 04 Y Y Y Y 2007 | UPON DEMAND | 0.0000 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 8989.72 | | Transaction ID: SD10.31120 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 8989.72 | |

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

| | | | |
|---|--------------------------------|---|--|
| Outstanding Balance Beginning This Period 479.14 | | Transaction ID: SD10.31121 | |
| Amount Incurred This Period 998.47 | Payment This Period 1477.61 | Outstanding Balance at Close of This Period 0.00 | |

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

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

| | |
|--|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | 14099.60 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

| | | | |
|--|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor COLORTREE INC OF VIRGINIA | | | Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR AAI |
| Mailing Address 2519 BRITTONS HILL RD | | | |
| City RICHMOND | State VA | ZIP Code 23230 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 2152.50 | | Transaction ID: SD10.45220 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2152.50 | |

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

| | | | |
|---|-----------------------------|---|--|
| Outstanding Balance Beginning This Period 16101.30 | | Transaction ID: SD10.31124 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 16101.30 | |

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

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 75.00 | | Transaction ID: SD10.31125 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 75.00 | |

| | |
|--|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | 18328.80 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 1178.67 | Transaction ID: SD10.31126 | |
| Amount Incurred This Period 2876.18 | Payment This Period 4054.85 | Outstanding Balance at Close of This Period 0.00 |

| | |
|---|--|
| 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 3882.80 | Transaction ID: SD10.31127 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3882.80 |

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

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 2585.00 | Transaction ID: SD10.31128 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2585.00 |

| | |
|--|----------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 6467.80 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 3113.25 | Transaction ID: SD10.31129 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3113.25 |

| | |
|---|---|
| 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 0.10 | Transaction ID: SD10.31130 | |
| Amount Incurred This Period -0.10 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 0.00 |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor TRI-STATE ENVELOPE CORP | Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR AAI |
| Mailing Address 6900 FAIGLE ROAD BOX 433 | |
| City State ZIP Code BELTSVILLE MD 20705 | |

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 2843.40 | Transaction ID: SD10.31132 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2843.40 |

| | |
|--|----------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 5956.65 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER:
(check only one)

| | |
|-------------------------------------|----|
| <input type="checkbox"/> | 9 |
| <input checked="" type="checkbox"/> | 10 |

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
WEST END PRINTING

Nature of Debt (Purpose):
DIRECT MAIL FUNDRAISING
FOR AAIL

Mailing Address 1619 SHERWOOD AVE

| | | |
|----------|-------|----------|
| City | State | ZIP Code |
| RICHMOND | VA | 23220 |

Outstanding Balance Beginning This Period

12135.90

Transaction ID: SD10.31133

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12135.90

1) **SUBTOTALS** This Period This Page (optional)..... ▶

12135.90

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

56988.75

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

835.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

57823.75