

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2006 through 09 30 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 MR JOHN W LEUTHOLD

Signature of Treasurer Electronically Filed by MR JOHN W LEUTHOLD Date 10 26 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		12057.23
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	47945.99									
(c) Total Receipts (from Line 19) .....	234381.30	631682.38								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	282327.29	643739.61								
7. Total Disbursements (from Line 31) .....	265660.52	627072.84								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	16666.77	16666.77								
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) .....	191632.68									

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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

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	30261.05	54012.05
(i) Itemized (use Schedule A) .....	202684.37	576234.45
(ii) Unitemized .....	232945.42	630246.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	232945.42	630246.50
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) .....	1435.88	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)) .....	234381.30	631682.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	234381.30	631682.38

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	264525.52	623837.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	264525.52	623837.84
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.....	200.00	2300.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	25.00	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)) .....	25.00	25.00
29. Other Disbursements.....	910.00	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))..	265660.52	627072.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	265660.52	627072.84

**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) .....	232945.42	630246.50
34. Total Contribution Refunds (from Line 28(d)) .....	25.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	232920.42	630221.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	264525.52	623837.84
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1435.88	1435.88
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	263089.64	622401.96

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

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

FOR LINE NUMBER: PAGE 6 / 165  
(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 DON ALEXANDER

Mailing Address 8132 TOWNSHIP RD 94

City State Zip Code  
FINDLAY OH 45840

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  
07 / 03 / 2006

Transaction ID: SA11A1.40948

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
MR DON ALEXANDER

Mailing Address 8132 TOWNSHIP RD 94

City State Zip Code  
FINDLAY OH 45840

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
236.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

Transaction ID: SA11A1.44825

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
MR DON ALEXANDER

Mailing Address 8132 TOWNSHIP RD 94

City State Zip Code  
FINDLAY OH 45840

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
276.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 12 / 2006

Transaction ID: SA11A1.51606

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **95.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 165
	<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

Full Name (Last, First, Middle Initial) <b>A. HOPE M ANDERSON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 125 PUTNAM AVE APT 430		<b>Transaction ID: SA11A1.51364</b>	
City <b>HAMDEN</b>	State CT	Zip Code 06517	Amount of Each Receipt this Period 71.00
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 ▼ 248.00	

Full Name (Last, First, Middle Initial) <b>B. ANON ANON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2006	
Mailing Address 4841 DILLON DR		<b>Transaction ID: SA11A1.40945</b>	
City <b>PUEBLO</b>	State CO	Zip Code 81008	Amount of Each Receipt this Period 35.00
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 ▼ 211.02	

Full Name (Last, First, Middle Initial) <b>C. ANON ANON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2006	
Mailing Address 4841 DILLON DR		<b>Transaction ID: SA11A1.40946</b>	
City <b>PUEBLO</b>	State CO	Zip Code 81008	Amount of Each Receipt this Period 32.00
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 ▼ 243.02	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	138.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 165
	<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

Full Name (Last, First, Middle Initial) <b>A. ANON ANON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 4841 DILLON DR		<b>Transaction ID: SA11A1.41723</b>	
City State Zip Code PUEBLO CO 81008	Amount of Each Receipt this Period 4.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 247.02	

Full Name (Last, First, Middle Initial) <b>B. ANON ANON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2006	
Mailing Address 4841 DILLON DR		<b>Transaction ID: SA11A1.42015</b>	
City State Zip Code PUEBLO CO 81008	Amount of Each Receipt this Period 2.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.02	

Full Name (Last, First, Middle Initial) <b>C. ANON ANON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 4841 DILLON DR		<b>Transaction ID: SA11A1.42512</b>	
City State Zip Code PUEBLO CO 81008	Amount of Each Receipt this Period 3.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.02	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	9.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 165		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) <b>A.</b> ANON ANON		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 4841 DILLON DR		<b>Transaction ID:</b> SA11A1.42896	
City PUEBLO	State CO	Zip Code 81008	Amount of Each Receipt this Period 13.00
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 ▼ 265.02	

Full Name (Last, First, Middle Initial) <b>B.</b> ANON ANON		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 4841 DILLON DR		<b>Transaction ID:</b> SA11A1.42897	
City PUEBLO	State CO	Zip Code 81008	Amount of Each Receipt this Period 1.00
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 ▼ 266.02	

Full Name (Last, First, Middle Initial) <b>C.</b> ANON ANON		Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2006	
Mailing Address 4841 DILLON DR		<b>Transaction ID:</b> SA11A1.43825	
City PUEBLO	State CO	Zip Code 81008	Amount of Each Receipt this Period 4.00
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 ▼ 270.02	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	18.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: PAGE 10 / 165  
(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)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
273.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 13 / 2006

**Transaction ID:** SA11A1.43998

Amount of Each Receipt this Period  
3.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
277.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

**Transaction ID:** SA11A1.44218

Amount of Each Receipt this Period  
4.00

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

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
302.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

**Transaction ID:** SA11A1.44818

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **32.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 165  
(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)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
308.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

Transaction ID: SA11A1.44819

Amount of Each Receipt this Period  
6.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
309.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

Transaction ID: SA11A1.44820

Amount of Each Receipt this Period  
1.00

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

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

Transaction ID: SA11A1.44821

Amount of Each Receipt this Period  
1.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 165  
(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)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
311.02

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	8	/	2	0	0	6

Transaction ID: SA11A1.45899

Amount of Each Receipt this Period  
1.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
316.02

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	8	/	2	0	0	6

Transaction ID: SA11A1.45900

Amount of Each Receipt this Period  
5.00

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

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
317.02

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	8	/	2	0	0	6

Transaction ID: SA11A1.45901

Amount of Each Receipt this Period  
1.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	7.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 13 / 165  
(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)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
319.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 19 / 2006

Transaction ID: SA11A1.46254

Amount of Each Receipt this Period  
2.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
321.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2006

Transaction ID: SA11A1.46352

Amount of Each Receipt this Period  
2.00

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

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
327.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2006

Transaction ID: SA11A1.46541

Amount of Each Receipt this Period  
6.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 165  
(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)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
329.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2006

Transaction ID: SA11A1.46542

Amount of Each Receipt this Period  
2.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2006

Transaction ID: SA11A1.46543

Amount of Each Receipt this Period  
1.00

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

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
335.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2006

Transaction ID: SA11A1.46544

Amount of Each Receipt this Period  
5.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 165  
(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)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.02

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	6

Transaction ID: SA11A1.47457

Amount of Each Receipt this Period  
5.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
341.02

Date of Receipt  

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

Transaction ID: SA11A1.48376

Amount of Each Receipt this Period  
1.00

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

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
343.02

Date of Receipt  

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

Transaction ID: SA11A1.48377

Amount of Each Receipt this Period  
2.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	8.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 165  
(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)  
ANON ANON

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 344.02

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 01 / 2006

Transaction ID: SA11A1.48378

Amount of Each Receipt this Period  
 1.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 354.02

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 01 / 2006

Transaction ID: SA11A1.48379

Amount of Each Receipt this Period  
 10.00

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

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 355.02

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 03 / 2006

Transaction ID: SA11A1.48937

Amount of Each Receipt this Period  
 1.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	12.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 17 / 165  
(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)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 355.07

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 07 / 2006

Transaction ID: SA11A1.49143

Amount of Each Receipt this Period  
0.05

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 356.07

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 07 / 2006

Transaction ID: SA11A1.49144

Amount of Each Receipt this Period  
1.00

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

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 357.07

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 07 / 2006

Transaction ID: SA11A1.49145

Amount of Each Receipt this Period  
1.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 2.05

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 165  
(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)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.07

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	4	/	2	0	0	6

Transaction ID: SA11A1.49861

Amount of Each Receipt this Period  
3.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
364.07

Date of Receipt  

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

Transaction ID: SA11A1.50099

Amount of Each Receipt this Period  
4.00

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

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
369.07

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	0	6

Transaction ID: SA11A1.50595

Amount of Each Receipt this Period  
5.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	12.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 165  
(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)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
372.07

Date of Receipt  
08 / 28 / 2006

**Transaction ID:** SA11A1.50756

Amount of Each Receipt this Period  
3.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
392.07

Date of Receipt  
08 / 28 / 2006

**Transaction ID:** SA11A1.50757

Amount of Each Receipt this Period  
20.00

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

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
393.07

Date of Receipt  
08 / 29 / 2006

**Transaction ID:** SA11A1.51072

Amount of Each Receipt this Period  
1.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 24.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 165  
(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)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
413.07

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2006

Transaction ID: SA11A1.51458

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
415.07

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2006

Transaction ID: SA11A1.51459

Amount of Each Receipt this Period  
2.00

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

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
435.07

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2006

Transaction ID: SA11A1.51957

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **42.00**

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

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

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

FOR LINE NUMBER: PAGE 21 / 165  
(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)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
455.07

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2006

**Transaction ID:** SA11A1.51958

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
456.07

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 12 / 2006

**Transaction ID:** SA11A1.51600

Amount of Each Receipt this Period  
1.00

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

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
459.07

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 12 / 2006

**Transaction ID:** SA11A1.51601

Amount of Each Receipt this Period  
3.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **24.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 165  
(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)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
462.07

Date of Receipt  

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

Transaction ID: SA11A1.51602

Amount of Each Receipt this Period  
3.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
465.07

Date of Receipt  

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

Transaction ID: SA11A1.51603

Amount of Each Receipt this Period  
3.00

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

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
466.07

Date of Receipt  

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

Transaction ID: SA11A1.51604

Amount of Each Receipt this Period  
1.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	7.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 23 / 165  
(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)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
468.07

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2006

**Transaction ID:** SA11A1.52464

Amount of Each Receipt this Period  
2.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
470.07

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2006

**Transaction ID:** SA11A1.52685

Amount of Each Receipt this Period  
2.00

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

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
472.07

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 19 / 2006

**Transaction ID:** SA11A1.52808

Amount of Each Receipt this Period  
2.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6.00**

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

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

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

FOR LINE NUMBER: PAGE 24 / 165  
(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)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
473.07

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

**Transaction ID:** SA11A1.52883

Amount of Each Receipt this Period  
1.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
483.07

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

**Transaction ID:** SA11A1.53069

Amount of Each Receipt this Period  
10.00

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

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
493.07

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

**Transaction ID:** SA11A1.53070

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **21.00**

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



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

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

FOR LINE NUMBER: PAGE 25 / 165  
(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)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
494.07

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2006

Transaction ID: SA11A1.53071

Amount of Each Receipt this Period  
1.00

**B.** Full Name (Last, First, Middle Initial)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
496.07

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2006

Transaction ID: SA11A1.53072

Amount of Each Receipt this Period  
2.00

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

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.07

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: SA11A1.53853

Amount of Each Receipt this Period  
3.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 165  
(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)  
ANON ANON

Mailing Address 4841 DILLON DR

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.07

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: SA11A1.53854

Amount of Each Receipt this Period  
1.00

**B.** Full Name (Last, First, Middle Initial)  
MR DONALD BALLOU

Mailing Address 256 WEYBRIDGE ST

City State Zip Code  
MIDDLEBURY VT 05753

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 21 / 2006

Transaction ID: SA11A1.50108

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
DR ALLAN BARKER

Mailing Address 10 LEDGEWOOD PL

City State Zip Code  
BELMONT MA 02478

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  
07 / 27 / 2006

Transaction ID: SA11A1.47675

Amount of Each Receipt this Period  
140.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **176.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 165
	(check only one)	
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<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)  
COL CHARLES E BARTELS

Mailing Address 2450 COLONEL FORD DR

City State Zip Code  
LAKELAND FL 33813

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

Name of Employer Occupation  
US MILITARY OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 01 / 2006

Transaction ID: SA11A1.48493

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
MR L F BEDWELL

Mailing Address 1321 EDGEWOOD DR

City State Zip Code  
WELLINGTON KS 67152

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  
08 / 28 / 2006

Transaction ID: SA11A1.50779

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MR L F BEDWELL

Mailing Address 1321 EDGEWOOD DR

City State Zip Code  
WELLINGTON KS 67152

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2006

Transaction ID: SA11A1.51510

Amount of Each Receipt this Period  
125.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	245.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 28 / 165  
(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 KENNETH BEEBY

Mailing Address 2298 LEISURE WORLD

City State Zip Code  
MESA AZ 85206

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
213.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 12 / 2006

Transaction ID: SA11A1.52229

Amount of Each Receipt this Period  
138.00

**B.** 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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 28 / 2006

Transaction ID: SA11A1.47857

Amount of Each Receipt this Period  
25.00

**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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2006

Transaction ID: SA11A1.48414

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **198.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 165
	<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)  
MARY R BELL

Mailing Address 52 VIA DEL SOL

City SOLVANG State CA Zip Code 93463

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 24 / 2006

Transaction ID: SA11A1.50558

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 52 VIA DEL SOL

City SOLVANG State CA Zip Code 93463

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 05 / 2006

Transaction ID: SA11A1.51499

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 52 VIA DEL SOL

City SOLVANG State CA Zip Code 93463

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2006

Transaction ID: SA11A1.51627

Amount of Each Receipt this Period  
 35.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	110.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 30 / 165  
(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 GEORGE L BENESCH

Mailing Address P O BOX 101558

City State Zip Code  
ANCHORAGE AK 99510

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
886.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 20 / 2006

Transaction ID: SA11A1.46456

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
MR GEORGE L BENESCH

Mailing Address P O BOX 101558

City State Zip Code  
ANCHORAGE AK 99510

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
986.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 25 / 2006

Transaction ID: SA11A1.50643

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MR GEORGE L BENESCH

Mailing Address P O BOX 101558

City State Zip Code  
ANCHORAGE AK 99510

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1036.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

Transaction ID: SA11A1.53218

Amount of Each Receipt this Period  
50.00

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 165  
(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 THOMAS BENTLEY

Mailing Address 7131 S E BUNKER HILL CT

City State Zip Code  
HOBE SOUND FL 33455

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  
08 / 21 / 2006

**Transaction ID:** SA11A1.50111

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
MRS THOMAS BENTLEY

Mailing Address 7131 S E BUNKER HILL CT

City State Zip Code  
HOBE SOUND FL 33455

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  
09 / 05 / 2006

**Transaction ID:** SA11A1.51476

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
MRS THOMAS BENTLEY

Mailing Address 7131 S E BUNKER HILL CT

City State Zip Code  
HOBE SOUND FL 33455

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2006

**Transaction ID:** SA11A1.51613

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **60.00**

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

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

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

FOR LINE NUMBER: PAGE 32 / 165  
(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 THOMAS BENTLEY

Mailing Address 7131 S E BUNKER HILL CT

City State Zip Code  
HOBE SOUND FL 33455

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

**Transaction ID:** SA11A1.53091

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
MR WILFERD BERKS

Mailing Address 962 S W 900TH RD

City State Zip Code  
MONTROSE MO 64770

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  
08 / 24 / 2006

**Transaction ID:** SA11A1.50562

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
MISS DOROTHY M BERRY

Mailing Address 29 MEGQUIER HILL RD

City State Zip Code  
POLAND ME 04274

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  
07 / 05 / 2006

**Transaction ID:** SA11A1.41749

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.00**

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



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

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

FOR LINE NUMBER: PAGE 33 / 165  
(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)  
MISS DOROTHY M BERRY

Mailing Address 29 MEGQUIER HILL RD

City State Zip Code  
POLAND ME 04274

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  
07 / 24 / 2006

**Transaction ID:** SA11A1.46671

Amount of Each Receipt this Period  
70.00

**B.** Full Name (Last, First, Middle Initial)  
MISS DOROTHY M BERRY

Mailing Address 29 MEGQUIER HILL RD

City State Zip Code  
POLAND ME 04274

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
306.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 07 / 2006

**Transaction ID:** SA11A1.46949

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
MISS DOROTHY M BERRY

Mailing Address 29 MEGQUIER HILL RD

City State Zip Code  
POLAND ME 04274

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
331.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 25 / 2006

**Transaction ID:** SA11A1.50631

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **130.00**

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

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

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

FOR LINE NUMBER: PAGE 34 / 165  
(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)  
MISS DOROTHY M BERRY

Mailing Address 29 MEGQUIER HILL RD

City State Zip Code  
POLAND ME 04274

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
366.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2006

**Transaction ID:** SA11A1.52085

Amount of Each Receipt this Period  
35.00

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

Mailing Address 6309 BURNHAM CIR  
APT 203

City State Zip Code  
INVER GROVE HEIGHT MN 55076

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  
08 / 07 / 2006

**Transaction ID:** SA11A1.49401

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MR WILLIAM BEYER

Mailing Address 6309 BURNHAM CIR  
APT 203

City State Zip Code  
INVER GROVE HEIGHT MN 55076

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2006

**Transaction ID:** SA11A1.52170

Amount of Each Receipt this Period  
50.00

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 165  
(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 ERVIN BICKLEY

Mailing Address 2749 WULFERT RD

City State Zip Code  
SANIBEL FL 33957

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  
09 / 27 / 2006

Transaction ID: SA11A1.53607

Amount of Each Receipt this Period  
100.00

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

Mailing Address 2542 VIRGINIA RD

City State Zip Code  
EDENTON NC 27932

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
254.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2006

Transaction ID: SA11A1.50758

Amount of Each Receipt this Period  
115.00

**C.** Full Name (Last, First, Middle Initial)  
MRS ELYSE BLISS

Mailing Address 40738 POURDE CANYON HWY

City State Zip Code  
BELLVUE CO 80512

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

Name of Employer Occupation  
KINIKINIK RANCH RANCHER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
224.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 11 / 2006

Transaction ID: SA11A1.42909

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **240.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 165
	<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)  
MRS ELYSE BLISS

Mailing Address 40738 POURDE CANYON HWY

City State Zip Code  
BELLVUE CO 80512

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

Name of Employer Occupation  
KINIKINIK RANCH RANCHER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2006

Transaction ID: SA11A1.44846

Amount of Each Receipt this Period  
38.00

**B.** Full Name (Last, First, Middle Initial)  
MS RUTH BOIVIE

Mailing Address 8 SENECCA DR

City State Zip Code  
MASSAPEQUA NY 11758

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 211.00

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2006

Transaction ID: SA11A1.50463

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
MRS JAMES BOND

Mailing Address 18900 COUNTY ROAD 214

City State Zip Code  
BROOKESMITH TX 76827

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 211.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2006

Transaction ID: SA11A1.46400

Amount of Each Receipt this Period  
53.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	116.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 37 / 165

(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 JAMES BOND

Mailing Address 18900 COUNTY ROAD 214

City State Zip Code  
BROOKESMITH TX 76827

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
246.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 25 / 2006

**Transaction ID:** SA11A1.50623

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
MRS JAMES BOND

Mailing Address 18900 COUNTY ROAD 214

City State Zip Code  
BROOKESMITH TX 76827

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
281.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2006

**Transaction ID:** SA11A1.52710

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
MR ROBERT C BOYER

Mailing Address 3830 OAKRIDGE DR

City State Zip Code  
BEAVERTON MI 48612

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  
09 / 05 / 2006

**Transaction ID:** SA11A1.51500

Amount of Each Receipt this Period  
50.00

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

120.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 165  
(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 C BOYER

Mailing Address 3830 OAKRIDGE DR

City State Zip Code  
BEAVERTON MI 48612

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  
09 / 25 / 2006

Transaction ID: SA11A1.53128

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MR E BOYKIN

Mailing Address 3165 FM 256 N

City State Zip Code  
WOODVILLE TX 75979

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  
M M / D D / Y Y Y Y  
09 / 05 / 2006

Transaction ID: SA11A1.51691

Amount of Each Receipt this Period  
225.00

**C.** Full Name (Last, First, Middle Initial)  
MR THOMAS BRIGGS

Mailing Address 11220 LA SERNA DR

City State Zip Code  
WHITTIER CA 90604

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  
M M / D D / Y Y Y Y  
07 / 24 / 2006

Transaction ID: SA11A1.46672

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **475.00**

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

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

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

FOR LINE NUMBER: PAGE 39 / 165

(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

Full Name (Last, First, Middle Initial) <b>A. MR JOHN BROUILLARD</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006	
Mailing Address 374 STILSON CANYON RD		<b>Transaction ID: SA11A1.44874</b>	
City State Zip Code CHICO CA 95928	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 310.00		

Full Name (Last, First, Middle Initial) <b>B. MR JOHN BROUILLARD</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2006	
Mailing Address 374 STILSON CANYON RD		<b>Transaction ID: SA11A1.51172</b>	
City State Zip Code CHICO CA 95928	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>C. MRS YVONNE D BROWN</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 28 / 2006	
Mailing Address 2309 WESTMINSTER AVE		<b>Transaction ID: SA11A1.47909</b>	
City State Zip Code COSTA MESA CA 92627	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 226.00		

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

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

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

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

FOR LINE NUMBER: PAGE 40 / 165  
(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 YVONNE D BROWN

Mailing Address 2309 WESTMINSTER AVE

City State Zip Code  
COSTA MESA CA 92627

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
236.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2006

Transaction ID: SA11A1.52222

Amount of Each Receipt this Period  
10.00

**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 Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2006

Transaction ID: SA11A1.44456

Amount of Each Receipt this Period  
70.00

**C.** 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 Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 24 / 2006

Transaction ID: SA11A1.50568

Amount of Each Receipt this Period  
35.00

**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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 / 165
	(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 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 Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
323.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2006

Transaction ID: SA11A1.51742

Amount of Each Receipt this Period  
53.00

**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 Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
393.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2006

Transaction ID: SA11A1.52981

Amount of Each Receipt this Period  
70.00

**C.** Full Name (Last, First, Middle Initial)  
FUMIE BRYCE

Mailing Address 332 THUNDERBIRD CT SE

City State Zip Code  
LACEY WA 98503

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  
07 / 12 / 2006

Transaction ID: SA11A1.43881

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>373.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 42 / 165

(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

Full Name (Last, First, Middle Initial) <b>A. DR ROBERT BUCHANAN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 4751 EAGLERIDGE CIR #108		<b>Transaction ID: SA11A1.52837</b>	
City PUEBLO	State CO	Zip Code 81008	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation DOCTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) <b>B. MR MAX BUCHMILLER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006	
Mailing Address 8954 CHERRY AVE		<b>Transaction ID: SA11A1.51088</b>	
City ORANGEVALE	State CA	Zip Code 95662	Amount of Each Receipt this Period 35.00
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 ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. MRS ANNIS BUELL</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2006	
Mailing Address 4617 CROOKED LN		<b>Transaction ID: SA11A1.42030</b>	
City DALLAS	State TX	Zip Code 75229	Amount of Each Receipt this Period 75.00
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 ▼ 345.00	

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

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

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

FOR LINE NUMBER: PAGE 43 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS RUTH BURKE

Mailing Address 2541 STRATFORD RD

City State Zip Code  
RICHMOND VA 23225

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
535.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2006

Transaction ID: SA11A1.47955

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
MRS MARIE BURNSIDE

Mailing Address 30 KNOX CIR  
3

City State Zip Code  
EVANSTON IL 60201

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
266.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2006

Transaction ID: SA11A1.51719

Amount of Each Receipt this Period  
160.00

**C.** Full Name (Last, First, Middle Initial)  
MR ROBERT C BURTON, SR

Mailing Address 2607 WOODALE LN

City State Zip Code  
SAINT PETERS MO 63376

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 03 / 2006

Transaction ID: SA11A1.48948

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **690.00**

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

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

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

FOR LINE NUMBER: PAGE 44 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address P O BOX 703

City State Zip Code  
KINGFISHER OK 73750

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  
07 / 25 / 2006

Transaction ID: SA11A1.47459

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
MR ARTHUR BUSWELL

Mailing Address P O BOX 703

City State Zip Code  
KINGFISHER OK 73750

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
226.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 21 / 2006

Transaction ID: SA11A1.50107

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
MR ARTHUR BUSWELL

Mailing Address P O BOX 703

City State Zip Code  
KINGFISHER OK 73750

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
251.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2006

Transaction ID: SA11A1.52468

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **75.00**

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

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

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

FOR LINE NUMBER: PAGE 45 / 165

(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 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 Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
204.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2006

Transaction ID: SA11A1.52195

Amount of Each Receipt this Period  
30.00

**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 Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
224.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

Transaction ID: SA11A1.53171

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
MR CRAIG CAMPBELL

Mailing Address 3355 MISSION AVE #111

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 ▼  
425.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 20 / 2006

Transaction ID: SA11A1.46355

Amount of Each Receipt this Period  
150.00

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 165

(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 IRENE CASSAR

Mailing Address 4650 JEWEL ST

City State Zip Code  
CAPITOLA CA 95010

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  
09 / 20 / 2006

Transaction ID: SA11A1.52839

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MR MOIRA CASTLE

Mailing Address 13462 MASON VILLAGE CT

City State Zip Code  
SAINT LOUIS MO 63131

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
386.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: SA11A1.44230

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MR MOIRA CASTLE

Mailing Address 13462 MASON VILLAGE CT

City State Zip Code  
SAINT LOUIS MO 63131

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
421.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2006

Transaction ID: SA11A1.46568

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 165  
(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 MOIRA CASTLE

Mailing Address 13462 MASON VILLAGE CT

City State Zip Code  
SAINT LOUIS MO 63131

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
456.00

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

**Transaction ID:** SA11A1.50112

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
MR MOIRA CASTLE

Mailing Address 13462 MASON VILLAGE CT

City State Zip Code  
SAINT LOUIS MO 63131

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
681.00

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

**Transaction ID:** SA11A1.51293

Amount of Each Receipt this Period  
225.00

**C.** Full Name (Last, First, Middle Initial)  
MR MOIRA CASTLE

Mailing Address 13462 MASON VILLAGE CT

City State Zip Code  
SAINT LOUIS MO 63131

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
731.00

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

**Transaction ID:** SA11A1.52053

Amount of Each Receipt this Period  
50.00

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 165  
(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 MOIRA CASTLE

Mailing Address 13462 MASON VILLAGE CT

City State Zip Code  
SAINT LOUIS MO 63131

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
761.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2006

Transaction ID: SA11A1.52895

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
MRS NANCY CHILDS

Mailing Address 7 CIRCLE LN

City State Zip Code  
ALBANY NY 12203

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
313.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2006

Transaction ID: SA11A1.44956

Amount of Each Receipt this Period  
200.00

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

Mailing Address 3437 W 7TH ST #138

City State Zip Code  
FORT WORTH TX 76107

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
584.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 06 / 2006

Transaction ID: SA11A1.42021

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **280.00**

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



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

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

FOR LINE NUMBER: PAGE 49 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MR WILLIAM CHILTON, JR  
 Mailing Address 3437 W 7TH ST #138  
 City State Zip Code  
 FORT WORTH TX 76107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 634.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 25 / 2006  
**Transaction ID:** SA11A1.50599  
 Amount of Each Receipt this Period  
 50.00

**B.** Full Name (Last, First, Middle Initial)  
MR WILLIAM CHILTON, JR  
 Mailing Address 3437 W 7TH ST #138  
 City State Zip Code  
 FORT WORTH TX 76107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 669.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 14 / 2006  
**Transaction ID:** SA11A1.52532  
 Amount of Each Receipt this Period  
 35.00

**C.** Full Name (Last, First, Middle Initial)  
MR GEORGE C CLARK, JR  
 Mailing Address 22 GLADDING RD  
 City State Zip Code  
 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 ▼ 401.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 17 / 2006  
**Transaction ID:** SA11A1.45129  
 Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 235.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 165  
(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 GEORGE C CLARK, JR

Mailing Address 22 GLADDING RD

City State Zip Code  
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 ▼  
501.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 26 / 2006

**Transaction ID:** SA11A1.47609

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MR GEORGE C CLARK, JR

Mailing Address 22 GLADDING RD

City State Zip Code  
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 ▼  
551.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2006

**Transaction ID:** SA11A1.51641

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
MR DON CLAY

Mailing Address 6706 BRANDON LN

City State Zip Code  
AMARILLO TX 79109

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  
07 / 20 / 2006

**Transaction ID:** SA11A1.46465

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 165

(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
MS MELVA COBB

Mailing Address 1606 CHABLIS ST

City State Zip Code  
GARLAND TX 75040

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 18 / 2006

Transaction ID: SA11A1.45927

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MR EDWARD COLIN

Mailing Address 1994 GOLF VIEW LN

City State Zip Code  
PRESCOTT AZ 86301

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  
07 / 20 / 2006

Transaction ID: SA11A1.46485

Amount of Each Receipt this Period  
50.00

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

Mailing Address 2796 S MAIN RD

City State Zip Code  
LEBANON OR 97355

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 07 / 2006

Transaction ID: SA11A1.46935

Amount of Each Receipt this Period  
20.00

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 165  
(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 JAMES H COUNTRYMAN

Mailing Address 1700 GRAHAM AVE

City State Zip Code  
ODESSA TX 79763

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  
07 / 27 / 2006

Transaction ID: SA11A1.47738

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
MS LOIS CRANTZ

Mailing Address 617 TERRA CALIFORNIA

City State Zip Code  
WALNUT CREEK CA 94595

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
273.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 24 / 2006

Transaction ID: SA11A1.46584

Amount of Each Receipt this Period  
142.00

**C.** Full Name (Last, First, Middle Initial)  
MR CARSON CRAWFORD

Mailing Address 715 1ST ST

City State Zip Code  
COTTONWOOD FALLS KS 66845

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

Name of Employer Occupation  
N/A RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
226.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 13 / 2006

Transaction ID: SA11A1.44000

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **692.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 165
	<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

Full Name (Last, First, Middle Initial) <b>A. MR CARSON CRAWFORD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2006	
Mailing Address 715 1ST ST		<b>Transaction ID: SA11A1.50596</b>	
City State Zip Code COTTONWOOD FALLS KS 66845		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 261.00	

Full Name (Last, First, Middle Initial) <b>B. MR CARSON CRAWFORD</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006	
Mailing Address 715 1ST ST		<b>Transaction ID: SA11A1.51460</b>	
City State Zip Code COTTONWOOD FALLS KS 66845		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 296.00	

Full Name (Last, First, Middle Initial) <b>C. MRS ILA CRAWFORD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2006	
Mailing Address 3554 GRANDVIEW DR		<b>Transaction ID: SA11A1.48885</b>	
City State Zip Code SAN ANGELO TX 76904		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 216.00	

<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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 165  
(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 ILA CRAWFORD

Mailing Address 3554 GRANDVIEW DR

City State Zip Code  
SAN ANGELO TX 76904

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
287.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2006

Transaction ID: SA11A1.53081

Amount of Each Receipt this Period  
71.00

**B.** Full Name (Last, First, Middle Initial)  
MS JOANN CRAWFORD

Mailing Address 12271 HESTER PL

City State Zip Code  
GARDEN GROVE CA 92841

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  
07 / 17 / 2006

Transaction ID: SA11A1.45329

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MR BOYD A DAVIS

Mailing Address 1 MORNING DOVE

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 05 / 2006

Transaction ID: SA11A1.51568

Amount of Each Receipt this Period  
115.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **286.00**

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

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

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

FOR LINE NUMBER: PAGE 55 / 165  
(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)  
MARJORIE DAVIS

Mailing Address 6 HUCKLEBERRY LN

City State Zip Code  
AUGUSTA ME 04330

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
951.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2006

Transaction ID: SA11A1.48238

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
MARJORIE DAVIS

Mailing Address 6 HUCKLEBERRY LN

City State Zip Code  
AUGUSTA ME 04330

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1251.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 01 / 2006

Transaction ID: SA11A1.51334

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
MARJORIE DAVIS

Mailing Address 6 HUCKLEBERRY LN

City State Zip Code  
AUGUSTA ME 04330

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1551.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2006

Transaction ID: SA11A1.53661

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **900.00**

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

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

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

FOR LINE NUMBER: PAGE 56 / 165  
(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 GREGORY DETWILER

Mailing Address RR 2 BOX 70

City State Zip Code  
WILLIAMSBURG PA 16693

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
326.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 03 / 2006

Transaction ID: SA11A1.41025

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
MR GREGORY DETWILER

Mailing Address RR 2 BOX 70

City State Zip Code  
WILLIAMSBURG PA 16693

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
528.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2006

Transaction ID: SA11A1.45059

Amount of Each Receipt this Period  
202.00

**C.** Full Name (Last, First, Middle Initial)  
MR GREGORY DETWILER

Mailing Address RR 2 BOX 70

City State Zip Code  
WILLIAMSBURG PA 16693

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
578.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 01 / 2006

Transaction ID: SA11A1.48459

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **277.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 165
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MR W L DOFFING</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 06 / 2006	
Mailing Address 413 COVENTRY RD		<b>Transaction ID: SA11A1.42058</b>	
City SPICEWOOD	State TX	Amount of Each Receipt this Period 100.00	
Zip Code 78669		Amount of Each Receipt this Period 100.00	
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. MR W L DOFFING</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 28 / 2006	
Mailing Address 413 COVENTRY RD		<b>Transaction ID: SA11A1.50856</b>	
City SPICEWOOD	State TX	Amount of Each Receipt this Period 50.00	
Zip Code 78669		Amount of Each Receipt this Period 50.00	
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 ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. MR LESTER DOREMIRE</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 11 / 2006	
Mailing Address R R 1 BOX 138		<b>Transaction ID: SA11A1.42899</b>	
City CHALMERS	State IN	Amount of Each Receipt this Period 250.00	
Zip Code 47929		Amount of Each Receipt this Period 250.00	
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 ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	400.00

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

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

FOR LINE NUMBER: PAGE 58 / 165  
(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 LESTER DOREMIRE

Mailing Address R R 1 BOX 138

City State Zip Code  
CHALMERS IN 47929

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
685.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2006

Transaction ID: SA11A1.46550

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
MARDIE DOUGAN

Mailing Address 1200 E COLLEGE AVE

City State Zip Code  
NORMAL IL 61761

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  
07 / 14 / 2006

Transaction ID: SA11A1.44271

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
MR JAMES DOWNEY

Mailing Address 26000 NEWBRIDGE DR

City State Zip Code  
LOS ALTOS CA 94022

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  
09 / 05 / 2006

Transaction ID: SA11A1.51667

Amount of Each Receipt this Period  
101.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **286.00**

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

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

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

FOR LINE NUMBER: PAGE 59 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS RUTH DUFRESNE

Mailing Address 5241 UTICA ST

City State Zip Code  
METAIRIE LA 70006

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2006

Transaction ID: SA11A1.44946

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
MS RUTH DUFRESNE

Mailing Address 5241 UTICA ST

City State Zip Code  
METAIRIE LA 70006

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
246.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 24 / 2006

Transaction ID: SA11A1.46632

Amount of Each Receipt this Period  
25.00

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

Mailing Address 5241 UTICA ST

City State Zip Code  
METAIRIE LA 70006

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  
08 / 14 / 2006

Transaction ID: SA11A1.49880

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **60.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 165
	(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 CHARLES W DUKE, JR

Mailing Address 1004 ROCKY CANYON RD

City State Zip Code  
ARLINGTON TX 76012

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2006

Transaction ID: SA11A1.45144

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
IOLA EBENDORF

Mailing Address 120 S CLIFTON ST

City State Zip Code  
BRUSH CO 80723

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
296.00

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2006

Transaction ID: SA11A1.42296

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
IOLA EBENDORF

Mailing Address 120 S CLIFTON ST

City State Zip Code  
BRUSH CO 80723

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
441.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2006

Transaction ID: SA11A1.44247

Amount of Each Receipt this Period  
145.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	295.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 61 / 165  
(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)  
IOLA EBENDORF

Mailing Address 120 S CLIFTON ST

City State Zip Code  
BRUSH CO 80723

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
476.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 08 / 2006

**Transaction ID:** SA11A1.49565

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
IOLA EBENDORF

Mailing Address 120 S CLIFTON ST

City State Zip Code  
BRUSH CO 80723

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
511.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2006

**Transaction ID:** SA11A1.51964

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
MRS BEATRICE ELLIS

Mailing Address P O BOX 25

City State Zip Code  
O BRIEN TX 79539

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
236.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 28 / 2006

**Transaction ID:** SA11A1.50764

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **130.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 / 165
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) MR DALE E ERDMAN		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address 930 S 31ST ST		<b>Transaction ID:</b> SA11A1.51702
City State Zip Code CAMP HILL PA 17011	Amount of Each Receipt this Period 115.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MRS VELMA V EVERHART		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2006
Mailing Address 645 NEIL AVE APT 208		<b>Transaction ID:</b> SA11A1.50795
City State Zip Code COLUMBUS OH 43215	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b> Full Name (Last, First, Middle Initial) MR WORTH L FARRINGTON		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006
Mailing Address 6596 E QUAKER ST		<b>Transaction ID:</b> SA11A1.46930
City State Zip Code ORCHARD PARK NY 14127	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 301.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	190.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: PAGE 63 / 165

(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 WORTH L FARRINGTON

Mailing Address 6596 E QUAKER ST

City State Zip Code  
ORCHARD PARK NY 14127

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
341.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 12 / 2006

Transaction ID: SA11A1.52171

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
MRS JOYCE FERN

Mailing Address 668 MEADOW CANYON DR

City State Zip Code  
PITTSBURG CA 94565

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
309.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: SA11A1.44262

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
MR JAMES FINCH

Mailing Address 50 SUNFISH DR

City State Zip Code  
DEFIANCE MO 63341

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
351.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2006

Transaction ID: SA11A1.51974

Amount of Each Receipt this Period  
115.00

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

305.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 165  
(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 THERESA FIORENTINO

Mailing Address 1515 HILL DR

City State Zip Code  
LOS ANGELES CA 90041

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
206.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2006

**Transaction ID:** SA11A1.44922

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MRS THERESA FIORENTINO

Mailing Address 1515 HILL DR

City State Zip Code  
LOS ANGELES CA 90041

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
319.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2006

**Transaction ID:** SA11A1.51508

Amount of Each Receipt this Period  
113.00

**C.** Full Name (Last, First, Middle Initial)  
MRS EDITH FLEIMINBERG

Mailing Address 805 LONDONDERRY RD

City State Zip Code  
SCHENECTADY NY 12309

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
246.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 20 / 2006

**Transaction ID:** SA11A1.46398

Amount of Each Receipt this Period  
70.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **233.00**

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



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

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

FOR LINE NUMBER: PAGE 65 / 165

(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

Full Name (Last, First, Middle Initial) <b>A. MRS IMOGENE FRESHOUR</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 1107 N AVENUE H		<b>Transaction ID: SA11A1.45223</b>	
City State Zip Code HASKELL TX 79521	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.00		

Full Name (Last, First, Middle Initial) <b>B. MS MARY GARCIA</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address 9930 SCRIBNER AVE		<b>Transaction ID: SA11A1.48445</b>	
City State Zip Code WHITTIER CA 90605	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 521.00		

Full Name (Last, First, Middle Initial) <b>C. MS MARY GARCIA</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2006	
Mailing Address 9930 SCRIBNER AVE		<b>Transaction ID: SA11A1.50627</b>	
City State Zip Code WHITTIER CA 90605	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 556.00		

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS MARY GARCIA

Mailing Address 9930 SCRIBNER AVE

City State Zip Code  
WHITTIER CA 90605

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
591.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2006

**Transaction ID:** SA11A1.52186

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
ROBERT GARRETT

Mailing Address 5931 TURNBERRY DR

City State Zip Code  
BANNING CA 92220

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  
M M / D D / Y Y Y Y  
09 / 05 / 2006

**Transaction ID:** SA11A1.51784

Amount of Each Receipt this Period  
225.00

**C.** Full Name (Last, First, Middle Initial)  
MRS KATHLEEN GEHLHAAR

Mailing Address 15601 N GULF HILLS CT

City State Zip Code  
SUN CITY AZ 85351

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  
08 / 24 / 2006

**Transaction ID:** SA11A1.50550

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **295.00**

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

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

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

FOR LINE NUMBER: PAGE 67 / 165  
(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 CAMERON GLIDEWELL

Mailing Address 1227 LE GRAY AVE

City State Zip Code  
LOS ANGELES CA 90042

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
651.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 11 / 2006

**Transaction ID:** SA11A1.42952

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1227 LE GRAY AVE

City State Zip Code  
LOS ANGELES CA 90042

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
751.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

**Transaction ID:** SA11A1.44925

Amount of Each Receipt this Period  
100.00

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

Mailing Address 1227 LE GRAY AVE

City State Zip Code  
LOS ANGELES CA 90042

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
801.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2006

**Transaction ID:** SA11A1.53134

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 165  
(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 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 ▼  
226.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2006

**Transaction ID:** SA11A1.52905

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
MRS DORIS GREEN

Mailing Address 1415 AYLSBURY ST

City State Zip Code  
SAN ANTONIO TX 78216

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
313.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

**Transaction ID:** SA11A1.53109

Amount of Each Receipt this Period  
122.00

**C.** Full Name (Last, First, Middle Initial)  
MR ROBERT GREEN

Mailing Address 3193 TIFFANY LN

City State Zip Code  
NAPA CA 94558

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
351.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 11 / 2006

**Transaction ID:** SA11A1.43010

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **207.00**

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

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

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

FOR LINE NUMBER: PAGE 69 / 165  
(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 GREEN

Mailing Address 3193 TIFFANY LN

City State Zip Code  
NAPA CA 94558

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
401.00

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

Transaction ID: SA11A1.48508

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MRS GERALDYN GRIFFITH

Mailing Address 10245 S W HIGHLAND DR

City State Zip Code  
PORTLAND OR 97224

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.00

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

Transaction ID: SA11A1.53521

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
MR FREDERICK W GUARDABASSI

Mailing Address 915 MIDDLE RIVER DR STE 721

City State Zip Code  
FORT LAUDERDALE FL 33304

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  
M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.41754

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **225.00**

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

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

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

FOR LINE NUMBER: PAGE 70 / 165  
(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 FREDERICK W GUARDABASSI

Mailing Address 915 MIDDLE RIVER DR STE 721

City State Zip Code  
FORT LAUDERDALE FL 33304

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

Transaction ID: SA11A1.45054

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
MS BETTY F HAGAN

Mailing Address 1941 OVERBROOKE WAY

City State Zip Code  
AUSTELL GA 30106

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
266.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2006

Transaction ID: SA11A1.46412

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MS BETTY F HAGAN

Mailing Address 1941 OVERBROOKE WAY

City State Zip Code  
AUSTELL GA 30106

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
316.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 25 / 2006

Transaction ID: SA11A1.47483

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

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

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

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

FOR LINE NUMBER: PAGE 71 / 165  
(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 PAUL R HAMILTON

Mailing Address 413 W CREEK ST

City State Zip Code  
FREDERICKSBURG TX 78624

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  
07 / 24 / 2006

Transaction ID: SA11A1.46859

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MR PAUL R HAMILTON

Mailing Address 413 W CREEK ST

City State Zip Code  
FREDERICKSBURG TX 78624

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  
08 / 29 / 2006

Transaction ID: SA11A1.51118

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
PAUL HAMM

Mailing Address 104 CHARTER OAKS CIR

City State Zip Code  
CARY NC 27511

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1371.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2006

Transaction ID: SA11A1.44899

Amount of Each Receipt this Period  
600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

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

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

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

FOR LINE NUMBER: PAGE 72 / 165  
(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)  
PAUL HAMM

Mailing Address 104 CHARTER OAKS CIR

City State Zip Code  
CARY NC 27511

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1421.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 21 / 2006

Transaction ID: SA11A1.50125

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MRS VIOLET HANNA

Mailing Address 4123 MARY ELLEN AVE

City State Zip Code  
STUDIO CITY CA 91604

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

Name of Employer Occupation  
N/A RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2006

Transaction ID: SA11A1.53111

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MRS BEVERLY L HATCH

Mailing Address 285 MADISON AVE S APT 211

City State Zip Code  
BAINBRIDGE ISLAND WA 98110

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  
08 / 07 / 2006

Transaction ID: SA11A1.47044

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) ..... ►



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

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

FOR LINE NUMBER: PAGE 73 / 165  
(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 BEVERLY L HATCH

Mailing Address 285 MADISON AVE S APT 211

City State Zip Code  
BAINBRIDGE ISLAND WA 98110

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 Y  
09 / 14 / 2006

**Transaction ID:** SA11A1.52561

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
HOWARD HATFIELD

Mailing Address 327 S SUMMIT AVE

City State Zip Code  
BREMERTON WA 98312

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 01 / 2006

**Transaction ID:** SA11A1.51300

Amount of Each Receipt this Period  
79.00

**C.** Full Name (Last, First, Middle Initial)  
MR WILLIAM HEISINGER

Mailing Address 2275 W LA LOMA DR

City State Zip Code  
RANCHO CORDOVA CA 95670

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
226.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 12 / 2006

**Transaction ID:** SA11A1.51624

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **279.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 / 165
	(check only one)	
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** 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 ▼  
221.00

Date of Receipt  

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

Transaction ID: SA11A1.52813

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
MS EDITH HICKMAN

Mailing Address 110 LINDEN ST #4

City PAOLI State IN Zip Code 47454

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
236.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	3	/	2	0	0	6

Transaction ID: SA11A1.40961

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
MS EDITH HICKMAN

Mailing Address 110 LINDEN ST #4

City PAOLI State IN Zip Code 47454

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
306.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	8	/	2	0	0	6

Transaction ID: SA11A1.45914

Amount of Each Receipt this Period  
70.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	140.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS EDITH HICKMAN

Mailing Address 110 LINDEN ST #4

City State Zip Code  
PAOLI IN 47454

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
341.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2006

Transaction ID: SA11A1.51612

Amount of Each Receipt this Period  
35.00

**B.** 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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
204.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2006

Transaction ID: SA11A1.52964

Amount of Each Receipt this Period  
25.00

**C.** 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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
304.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2006

Transaction ID: SA11A1.44224

Amount of Each Receipt this Period  
41.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **101.00**

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

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

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

FOR LINE NUMBER: PAGE 76 / 165  
(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 WILLIE HOBSON

Mailing Address 4820 ENGLISH AVE

City State Zip Code  
INDIANAPOLIS IN 46201

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
276.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 03 / 2006

**Transaction ID:** SA11A1.40999

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MRS WILLIE HOBSON

Mailing Address 4820 ENGLISH AVE

City State Zip Code  
INDIANAPOLIS IN 46201

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
326.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2006

**Transaction ID:** SA11A1.44951

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
MR LEN HOLTZ

Mailing Address 95 HGTS LN APT 52

City State Zip Code  
FEASTERVILLE TREVO PA 19053

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  
07 / 17 / 2006

**Transaction ID:** SA11A1.45063

Amount of Each Receipt this Period  
100.00

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS BEVERLY HOLZBERGER

Mailing Address 2245 248TH ST

City State Zip Code  
LOMITA CA 90717

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2006

**Transaction ID:** SA11A1.51537

Amount of Each Receipt this Period  
20.00

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

Mailing Address 2245 248TH ST

City State Zip Code  
LOMITA CA 90717

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
246.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2006

**Transaction ID:** SA11A1.52924

Amount of Each Receipt this Period  
35.00

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

Mailing Address 120 ECHO DR

City State Zip Code  
HENDERSONVILLE NC 28739

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
256.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 03 / 2006

**Transaction ID:** SA11A1.40980

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **90.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address **120 ECHO DR**

City **HENDERSONVILLE** State **NC** Zip Code **28739**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **281.00**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2006

**Transaction ID: SA11A1.47856**

Amount of Each Receipt this Period  
25.00

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

Mailing Address **120 ECHO DR**

City **HENDERSONVILLE** State **NC** Zip Code **28739**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **306.00**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 07 / 2006

**Transaction ID: SA11A1.46923**

Amount of Each Receipt this Period  
25.00

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

Mailing Address **120 ECHO DR**

City **HENDERSONVILLE** State **NC** Zip Code **28739**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **316.00**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2006

**Transaction ID: SA11A1.52904**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 165  
(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)  
MISS MARY ANN HUEY

Mailing Address 12683 IDIO CT

City State Zip Code  
SARATOGA CA 95070

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
251.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2006

**Transaction ID:** SA11A1.45269

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
ERVILLE HUGHES

Mailing Address 7326 N 61ST ST

City State Zip Code  
PARADISE VALLEY AZ 85253

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2006

**Transaction ID:** SA11A1.50890

Amount of Each Receipt this Period  
75.00

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

Mailing Address 4810 N W HWY 72 LOT 118

City State Zip Code  
ARCADIA FL 34266

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
217.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 01 / 2006

**Transaction ID:** SA11A1.48421

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 165  
(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)  
MARJORIE JONES

Mailing Address 645 LEK CLOVER CIR

City State Zip Code  
PALM DESERT CA 92211

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
301.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2006

Transaction ID: SA11A1.46359

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MARJORIE JONES

Mailing Address 645 LEK CLOVER CIR

City State Zip Code  
PALM DESERT CA 92211

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
401.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 05 / 2006

Transaction ID: SA11A1.51469

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MR WAYNE KARRICK

Mailing Address R R 1 BOX 1832

City State Zip Code  
SELIGMAN MO 65745

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

Name of Employer Occupation  
LONGRIDGE RANCH

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 14 / 2006

Transaction ID: SA11A1.49870

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

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



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

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

FOR LINE NUMBER: PAGE 81 / 165  
(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 WAYNE KARRICK

Mailing Address R R 1 BOX 1832

City State Zip Code  
SELIGMAN MO 65745

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

Name of Employer Occupation  
LONGRIDGE RANCH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 22 / 2006

Transaction ID: SA11A1.52900

Amount of Each Receipt this Period  
225.00

**B.** 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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 331.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 10 / 2006

Transaction ID: SA11A1.42521

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 432.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

Transaction ID: SA11A1.44881

Amount of Each Receipt this Period  
101.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 361.00

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

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

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

FOR LINE NUMBER: PAGE 82 / 165  
(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)  
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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
467.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2006

**Transaction ID:** SA11A1.48216

Amount of Each Receipt this Period  
35.00

**B.** 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 ▼  
226.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2006

**Transaction ID:** SA11A1.50158

Amount of Each Receipt this Period  
35.00

**C.** 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 ▼  
251.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2006

**Transaction ID:** SA11A1.52930

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **95.00**

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

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

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

FOR LINE NUMBER: PAGE 83 / 165  
(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 MERRILL H KILL

Mailing Address 6623 CURTIS AVE

City State Zip Code  
OMAHA NE 68104

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
226.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2006

Transaction ID: SA11A1.44226

Amount of Each Receipt this Period  
70.00

**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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
316.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 24 / 2006

Transaction ID: SA11A1.46623

Amount of Each Receipt this Period  
175.00

**C.** Full Name (Last, First, Middle Initial)  
MS SUSAN KOTTA

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 Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
226.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 07 / 2006

Transaction ID: SA11A1.49155

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **295.00**

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

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

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

FOR LINE NUMBER: PAGE 84 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS SUSAN KOTTA

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 Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
264.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2006

Transaction ID: SA11A1.52469

Amount of Each Receipt this Period  
38.00

**B.** Full Name (Last, First, Middle Initial)  
MR DANIEL KRAEMER

Mailing Address 835 LINDA DR

City State Zip Code  
CANYON LAKE TX 78133

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  
07 / 24 / 2006

Transaction ID: SA11A1.46600

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
MR DANIEL KRAEMER

Mailing Address 835 LINDA DR

City State Zip Code  
CANYON LAKE TX 78133

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  
09 / 11 / 2006

Transaction ID: SA11A1.52071

Amount of Each Receipt this Period  
19.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **77.00**

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

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

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

FOR LINE NUMBER: PAGE 85 / 165  
(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 DANIEL KRAEMER

Mailing Address 835 LINDA DR

City State Zip Code  
CANYON LAKE TX 78133

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 244.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2006

Transaction ID: SA11A1.53126

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
DR QUENTIN E KRAFKA

Mailing Address 69 ALAMO COUNTRY CLB

City State Zip Code  
ALAMO TX 78516

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

Name of Employer Occupation  
DOCTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 05 / 2006

Transaction ID: SA11A1.51524

Amount of Each Receipt this Period  
225.00

**C.** Full Name (Last, First, Middle Initial)  
DR QUENTIN E KRAFKA

Mailing Address 69 ALAMO COUNTRY CLB

City State Zip Code  
ALAMO TX 78516

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

Name of Employer Occupation  
DOCTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2006

Transaction ID: SA11A1.53145

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **345.00**

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

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

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

FOR LINE NUMBER: PAGE 86 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS URSULA M KREMER

Mailing Address 4027 RODEO RD

City State Zip Code  
DAVENPORT IA 52806

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
228.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2006

Transaction ID: SA11A1.53498

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MRS JULIE LAUER-LEONARDI

Mailing Address 7831 PARK LN APT 114A

City State Zip Code  
DALLAS TX 75225

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  
07 / 14 / 2006

Transaction ID: SA11A1.44513

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
MRS RUBY LEDL

Mailing Address 615 LAUREL LAKE DR #102

City State Zip Code  
COLUMBUS NC 28722

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2006

Transaction ID: SA11A1.53647

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 165  
(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 FRANCIS P LEHAR

Mailing Address P O BOX 1482

City State Zip Code  
MANCHESTER MA 01944

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
206.00

Date of Receipt  
MM / DD / YYYY  
07 / 03 / 2006

Transaction ID: SA11A1.41007

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MR FRANCIS P LEHAR

Mailing Address P O BOX 1482

City State Zip Code  
MANCHESTER MA 01944

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
276.00

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2006

Transaction ID: SA11A1.46638

Amount of Each Receipt this Period  
70.00

**C.** Full Name (Last, First, Middle Initial)  
MARJORIE R LONG

Mailing Address 2584 THREEWOODS LN

City State Zip Code  
FULLERTON CA 92831

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  
MM / DD / YYYY  
09 / 12 / 2006

Transaction ID: SA11A1.52212

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **270.00**

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

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

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

FOR LINE NUMBER: PAGE 88 / 165

(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR ROBERT H LOVELL

Mailing Address 108 BALDWIN ST APT 408

City State Zip Code  
GRANITE FALLS MN 56241

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  
08 / 14 / 2006

Transaction ID: SA11A1.49890

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
MR ROBERT H LOVELL

Mailing Address 108 BALDWIN ST APT 408

City State Zip Code  
GRANITE FALLS MN 56241

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2006

Transaction ID: SA11A1.50159

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
MRS GINI MALASPINA

Mailing Address 133 SHIPLEY AVE

City State Zip Code  
DALY CITY CA 94015

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
251.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 27 / 2006

Transaction ID: SA11A1.47685

Amount of Each Receipt this Period  
100.00

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 165  
(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 PHILIP MALONEY

Mailing Address P O BOX 5933

City State Zip Code  
CAREFREE AZ 85377

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.46902

Amount of Each Receipt this Period  
30.00

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

Mailing Address P O BOX 773

City State Zip Code  
YOAKUM TX 77995

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

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

Transaction ID: SA11A1.52099

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
MS EVELYN MANTLE

Mailing Address 25365 AVENIDA RONADA

City State Zip Code  
VALENCIA CA 91355

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

Name of Employer Occupation  
N/A NONE

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: SA11A1.44857

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **580.00**

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

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

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

FOR LINE NUMBER: PAGE 90 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS JEAN MASTERS

Mailing Address 1150 OAK KNOLL DR

City State Zip Code  
LAKE FOREST IL 60045

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
251.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 06 / 2006

**Transaction ID:** SA11A1.42032

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MS JEAN MASTERS

Mailing Address 1150 OAK KNOLL DR

City State Zip Code  
LAKE FOREST IL 60045

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
352.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2006

**Transaction ID:** SA11A1.44947

Amount of Each Receipt this Period  
101.00

**C.** Full Name (Last, First, Middle Initial)  
MRS RUTH P MATTHEWS

Mailing Address 45 HONEY LOCUST LN  
APT 207C

City State Zip Code  
SAINT CHARLES MO 63303

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
294.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2006

**Transaction ID:** SA11A1.52716

Amount of Each Receipt this Period  
119.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **320.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 165  
(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 EUGENE MCELVANEY, JR**

Mailing Address **200 W 1ST ST STE 859**

City **ROSWELL** State **NM** Zip Code **88203**

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  
07 / 17 / 2006

**Transaction ID: SA11A1.45372**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**MR FRANK R MC WHORTER**

Mailing Address **1852 ANDRESS DR**

City **CARROLLTON** State **TX** Zip Code **75010**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **258.00**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 01 / 2006

**Transaction ID: SA11A1.51327**

Amount of Each Receipt this Period  
113.00

**C.** Full Name (Last, First, Middle Initial)  
**ALMA MEDSKER**

Mailing Address **2620 CHUCKEY PIKE**

City **CHUCKEY** State **TN** Zip Code **37641**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.00**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 20 / 2006

**Transaction ID: SA11A1.46445**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **513.00**

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

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

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

FOR LINE NUMBER: PAGE 92 / 165  
(check only one)  
 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

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

Mailing Address 21966 DOLORES ST APT 229

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 ▼  
235.00

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

Transaction ID: SA11A1.49798

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
MR FRED MELTZ

Mailing Address 21966 DOLORES ST APT 229

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 ▼  
310.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.51541

Amount of Each Receipt this Period  
75.00

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

Mailing Address 7350 WAKEFIELD AVE

City State Zip Code  
REEDLEY CA 93654

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  
0 9 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.52244

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **260.00**

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

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

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

FOR LINE NUMBER: PAGE 93 / 165  
(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 LEE MITCHELL

Mailing Address 1504 VIA RANCHO

City State Zip Code  
SAN LORENZO CA 94580

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
301.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

Transaction ID: SA11A1.44991

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MR LEE MITCHELL

Mailing Address 1504 VIA RANCHO

City State Zip Code  
SAN LORENZO CA 94580

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
351.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 21 / 2006

Transaction ID: SA11A1.50149

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
MR LEE MITCHELL

Mailing Address 1504 VIA RANCHO

City State Zip Code  
SAN LORENZO CA 94580

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
401.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 12 / 2006

Transaction ID: SA11A1.52184

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 165

(check only one)

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<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 MELVIN MOE

Mailing Address 1102 S 114TH ST LOT 61

City MESA State AZ Zip Code 85208

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
219.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 03 / 2006

Transaction ID: SA11A1.40983

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
MR MELVIN MOE

Mailing Address 1102 S 114TH ST LOT 61

City MESA State AZ Zip Code 85208

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
254.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 11 / 2006

Transaction ID: SA11A1.42950

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
MR MELVIN MOE

Mailing Address 1102 S 114TH ST LOT 61

City MESA State AZ Zip Code 85208

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
289.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2006

Transaction ID: SA11A1.50128

Amount of Each Receipt this Period  
35.00

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

105.00

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

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 95 / 165  
(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 MELVIN MOE

Mailing Address 1102 S 114TH ST LOT 61

City MESA State AZ Zip Code 85208

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
299.00

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

Transaction ID: SA11A1.50470

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
MR MELVIN MOE

Mailing Address 1102 S 114TH ST LOT 61

City MESA State AZ Zip Code 85208

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
329.00

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

Transaction ID: SA11A1.50773

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
MRS MILDRED CAROLYN MOORE

Mailing Address 1340 S OSAGE AVE

City BARTLESVILLE State OK Zip Code 74003

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
423.00

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

Transaction ID: SA11A1.50839

Amount of Each Receipt this Period  
225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **265.00**

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

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

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

FOR LINE NUMBER: PAGE 96 / 165  
(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 KENNETH MYERS

Mailing Address PO BOX 3280

City State Zip Code  
YOUNTVILLE CA 94599

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2006

Transaction ID: SA11A1.42023

Amount of Each Receipt this Period  
61.00

**B.** Full Name (Last, First, Middle Initial)  
MRS ALICE L NAGEL

Mailing Address 3715 RAMBLEWOOD DR

City State Zip Code  
PORT HURON MI 48060

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
226.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 07 / 2006

Transaction ID: SA11A1.49146

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
MRS ALICE L NAGEL

Mailing Address 3715 RAMBLEWOOD DR

City State Zip Code  
PORT HURON MI 48060

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  
08 / 21 / 2006

Transaction ID: SA11A1.50100

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **136.00**

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



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

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

FOR LINE NUMBER: PAGE 97 / 165  
(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 CARL NEFF

Mailing Address 8187 STATE ROUTE 43

City State Zip Code  
STREETSBORO OH 44241

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
426.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 19 / 2006

Transaction ID: SA11A1.46298

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
MR DAVIS NEWTON

Mailing Address 5866 TIMBER DR

City State Zip Code  
COLUMBUS OH 43213

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
311.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

Transaction ID: SA11A1.45046

Amount of Each Receipt this Period  
110.00

**C.** 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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 07 / 2006

Transaction ID: SA11A1.42290

Amount of Each Receipt this Period  
53.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **363.00**

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

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

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

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

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

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

Mailing Address 8701 MAYFIELD RD #121

City State Zip Code  
CHESTERLAND OH 44026

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
404.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2006

Transaction ID: SA11A1.46565

Amount of Each Receipt this Period  
107.00

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

Mailing Address 1141 HUS DR APT 105

City State Zip Code  
WATERTOWN WI 53098

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

Name of Employer Occupation  
US AIR FORCE OFFICER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: SA11A1.44310

Amount of Each Receipt this Period  
35.00

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

Mailing Address 1141 HUS DR APT 105

City State Zip Code  
WATERTOWN WI 53098

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

Name of Employer Occupation  
US AIR FORCE OFFICER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2006

Transaction ID: SA11A1.46647

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **162.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 165
	<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

Full Name (Last, First, Middle Initial) <b>A. MRS HELEN E OCHS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address R R 1 BOX 43C		<b>Transaction ID: SA11A1.45523</b>	
City TIONESTA	State PA	Zip Code 16353	Amount of Each Receipt this Period 70.00
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. MRS HELEN E OCHS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address R R 1 BOX 43C		<b>Transaction ID: SA11A1.49159</b>	
City TIONESTA	State PA	Zip Code 16353	Amount of Each Receipt this Period 50.00
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. MRS HELEN E OCHS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address R R 1 BOX 43C		<b>Transaction ID: SA11A1.53299</b>	
City TIONESTA	State PA	Zip Code 16353	Amount of Each Receipt this Period 35.00
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 ▼ 335.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	155.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 165
	<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

Full Name (Last, First, Middle Initial) <b>A. MR RAY ODEN, JR</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006	
Mailing Address 702 THORA BLVD		<b>Transaction ID: SA11A1.53646</b>	
City State Zip Code SHREVEPORT LA 71106	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A Occupation RETIRED	Aggregate Year-to-Date ▼ 1750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MS MARGIE PACKARD</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006	
Mailing Address 123 HOLLY CT		<b>Transaction ID: SA11A1.53644</b>	
City State Zip Code BOSTIC NC 28018	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation	Aggregate Year-to-Date ▼ 235.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MR DONALD PAGE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 734 SCHOOL ST		<b>Transaction ID: SA11A1.53210</b>	
City State Zip Code LOWELL MA 01851	Amount of Each Receipt this Period 101.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation	Aggregate Year-to-Date ▼ 252.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	186.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 101 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS DORIS PANKOW

Mailing Address 1401 RUBIO ST

City State Zip Code  
ALTADENA CA 91001

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
501.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 11 / 2006

**Transaction ID:** SA11A1.42974

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MS CHARLOTTE PFLUGER

Mailing Address 403 RIO CONCHO DR APT 3303

City State Zip Code  
SAN ANGELO TX 76903

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  
09 / 18 / 2006

**Transaction ID:** SA11A1.52711

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
MR HAROLD PLATT

Mailing Address 8810 WALTHER BLVD #3414

City State Zip Code  
BALTIMORE MD 21234

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
401.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2006

**Transaction ID:** SA11A1.44217

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **335.00**

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

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

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

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(check only one)  
 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.** Full Name (Last, First, Middle Initial)  
MR HAROLD PLATT

Mailing Address 8810 WALTHER BLVD #3414

City State Zip Code  
BALTIMORE MD 21234

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
436.00

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

Transaction ID: SA11A1.50755

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
MR WILLIAM H PORTER

Mailing Address 5240 W COUNTY ROAD 56

City State Zip Code  
LAPORTE CO 80535

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 Y  
0 7 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.45016

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
MR WILLIAM H PORTER

Mailing Address 5240 W COUNTY ROAD 56

City State Zip Code  
LAPORTE CO 80535

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.49700

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **85.00**

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

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

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

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(check only one)  
 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.** Full Name (Last, First, Middle Initial)  
MS MATILE RAYA

Mailing Address 3509 GRIFFITH PARK BLVD

City State Zip Code  
LOS ANGELES CA 90027

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
289.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2006

**Transaction ID:** SA11A1.52714

Amount of Each Receipt this Period  
113.00

**B.** Full Name (Last, First, Middle Initial)  
MS BENNIE REDWINE

Mailing Address 7139 TIMBERCREEK DR

City State Zip Code  
SAN ANTONIO TX 78227

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  
09 / 11 / 2006

**Transaction ID:** SA11A1.52059

Amount of Each Receipt this Period  
79.00

**C.** Full Name (Last, First, Middle Initial)  
MRS DOROTHY RICE

Mailing Address 104 PAPPAN BUSINESS DR

City State Zip Code  
BEAVER FALLS PA 15010

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 29 / 2006

**Transaction ID:** SA11A1.51114

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **242.00**

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

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

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

FOR LINE NUMBER: PAGE 104 / 165  
(check only one)  
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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS DONNA RICHTER-JONES

Mailing Address 1414 COTTONVILLE DR

City State Zip Code  
FRIENDSHIP WI 53934

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  
07 / 24 / 2006

**Transaction ID:** SA11A1.46655

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
MRS DONNA RICHTER-JONES

Mailing Address 1414 COTTONVILLE DR

City State Zip Code  
FRIENDSHIP WI 53934

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  
M M / D D / Y Y Y Y  
08 / 23 / 2006

**Transaction ID:** SA11A1.50523

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
MRS DONNA RICHTER-JONES

Mailing Address 1414 COTTONVILLE DR

City State Zip Code  
FRIENDSHIP WI 53934

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  
09 / 12 / 2006

**Transaction ID:** SA11A1.52182

Amount of Each Receipt this Period  
50.00

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

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



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

Use separate schedule(s)  
or each category of the  
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(check only one)  
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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.** Full Name (Last, First, Middle Initial)  
MR THEODORE RISCH

Mailing Address 545 INGALTON AVE

City State Zip Code  
WEST CHICAGO IL 60185

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
251.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 19 / 2006

**Transaction ID:** SA11A1.46300

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MR JAMES ROBERTS

Mailing Address H C 34 BOX 380

City State Zip Code  
LEWISBURG WV 24901

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  
08 / 01 / 2006

**Transaction ID:** SA11A1.48419

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
MR JAMES ROBERTS

Mailing Address H C 34 BOX 380

City State Zip Code  
LEWISBURG WV 24901

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  
09 / 12 / 2006

**Transaction ID:** SA11A1.51633

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 165  
(check only one)  
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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS MARY E RUSSELL

Mailing Address 4427 E GARLAND AVE

City State Zip Code  
FRESNO CA 93726

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  
M M / D D / Y Y Y Y Y  
09 / 11 / 2006

Transaction ID: SA11A1.52092

Amount of Each Receipt this Period  
225.00

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

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  
N/A RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

Transaction ID: SA11A1.44934

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
ELIZABETH SCHAFER

Mailing Address 610 1ST ST

City State Zip Code  
CORONADO CA 92118

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 11 / 2006

Transaction ID: SA11A1.42901

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1475.00**

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

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

Use separate schedule(s)  
or each category of the  
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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.** Full Name (Last, First, Middle Initial)  
ELIZABETH SCHAFFER

Mailing Address 610 1ST ST

City State Zip Code  
CORONADO CA 92118

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2850.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 25 / 2006

**Transaction ID:** SA11A1.47458

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
ELIZABETH SCHAFFER

Mailing Address 610 1ST ST

City State Zip Code  
CORONADO CA 92118

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3350.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 07 / 2006

**Transaction ID:** SA11A1.51946

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
ELIZABETH SCHAFFER

Mailing Address 610 1ST ST

City State Zip Code  
CORONADO CA 92118

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3600.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2006

**Transaction ID:** SA11A1.52466

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

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

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(check only one)  
 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.** Full Name (Last, First, Middle Initial)  
MR THOMAS S SCOGGINS

Mailing Address 2 AUDUBON PL

City State Zip Code  
FAIRHOPE AL 36532

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2006

Transaction ID: SA11A1.44966

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
WALTER SHEK

Mailing Address 12630 S LAFLIN ST

City State Zip Code  
CALUMET PARK IL 60827

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 03 / 2006

Transaction ID: SA11A1.40943

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
WALTER SHEK

Mailing Address 12630 S LAFLIN ST

City State Zip Code  
CALUMET PARK IL 60827

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
517.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2006

Transaction ID: SA11A1.44815

Amount of Each Receipt this Period  
101.00

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 165  
(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)  
WALTER SHEK

Mailing Address 12630 S LAFLIN ST

City State Zip Code  
CALUMET PARK IL 60827

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
552.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 24 / 2006

Transaction ID: SA11A1.46536

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
WALTER SHEK

Mailing Address 12630 S LAFLIN ST

City State Zip Code  
CALUMET PARK IL 60827

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
602.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2006

Transaction ID: SA11A1.53496

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
MR LEONARD SIGURDSEN

Mailing Address 4169 W BIRCHVIEW RD

City State Zip Code  
GRASSTON MN 55030

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  
07 / 25 / 2006

Transaction ID: SA11A1.47507

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **285.00**

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

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

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

FOR LINE NUMBER: PAGE 110 / 165  
(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 ELBERT C SMITH

Mailing Address P O BOX 856

City State Zip Code  
RENTON WA 98057

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.53650

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
KAYE SMITH

Mailing Address 15982 EL SONETO DR

City State Zip Code  
WHITTIER CA 90603

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
214.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.52553

Amount of Each Receipt this Period  
38.00

**C.** Full Name (Last, First, Middle Initial)  
LOUISE SMITH

Mailing Address 6060 OXFORD AVE N

City State Zip Code  
STILLWATER MN 55082

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  
0 7 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.44833

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **123.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 165
	<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

Full Name (Last, First, Middle Initial) <b>A. MABELLE JEAN SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 8545 MISSION GORGE RD SPC 224		<b>Transaction ID: SA11A1.44327</b>	
City State Zip Code SANTEE CA 92071	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. MR DOUGLAS G. SNYDER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 3 HUGHES		<b>Transaction ID: SA11A1.46896</b>	
City State Zip Code IRVINE CA 92618	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. MS BERTHA SODORA</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006	
Mailing Address 60 BLANCHE AVE #W-106		<b>Transaction ID: SA11A1.41755</b>	
City State Zip Code HARRINGTON PARK NJ 07640	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 236.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 112 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS BERTHA SODORA

Mailing Address 60 BLANCHE AVE #W-106

City State Zip Code  
HARRINGTON PARK NJ 07640

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
286.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 24 / 2006

Transaction ID: SA11A1.46694

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MS BERTHA SODORA

Mailing Address 60 BLANCHE AVE #W-106

City State Zip Code  
HARRINGTON PARK NJ 07640

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
586.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 01 / 2006

Transaction ID: SA11A1.51330

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
ILONA SOLDES

Mailing Address 10 GRISTMILL LN

City State Zip Code  
GREAT NECK NY 11023

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
318.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2006

Transaction ID: SA11A1.52601

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **500.00**

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



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

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

FOR LINE NUMBER: PAGE 113 / 165  
(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)  
ILONA SOLDES

Mailing Address 10 GRISTMILL LN

City State Zip Code  
GREAT NECK NY 11023

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
368.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2006

Transaction ID: SA11A1.52925

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MR IAN SONEGO

Mailing Address 3537 KAHLERT AVE

City State Zip Code  
LOUISVILLE KY 40215

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2006

Transaction ID: SA11A1.52991

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
MS MARTHA STEVENS

Mailing Address 917 TOWNSHIP RD 200

City State Zip Code  
BELLEFONTAINE OH 43311

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2006

Transaction ID: SA11A1.48887

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)  
or each category of the  
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FOR LINE NUMBER: PAGE 114 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS MARTHA STEVENS

Mailing Address 917 TOWNSHIP RD 200

City State Zip Code  
BELLEFONTAINE OH 43311

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
246.00

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

**Transaction ID:** SA11A1.50784

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
DONALD STONE

Mailing Address 1144 HARDCRABBLE RD

City State Zip Code  
CASSVILLE NY 13318

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 9 / 2 0 0 6

**Transaction ID:** SA11A1.51105

Amount of Each Receipt this Period  
79.00

**C.** Full Name (Last, First, Middle Initial)  
MR DONALD STORM

Mailing Address 6473 BROOKSIDE DR

City State Zip Code  
MUSKEGO WI 53150

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 6

**Transaction ID:** SA11A1.53116

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **174.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 115 / 165  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

**A.** Full Name (Last, First, Middle Initial)  
MS JEANICE SUHAJDA

Mailing Address 20 N TOWER RD APT 12E

City State Zip Code  
OAK BROOK IL 60523

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2006

Transaction ID: SA11A1.45903

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
WILBUR TAKEMIRE

Mailing Address 7105 N W 30TH TER

City State Zip Code  
BETHANY OK 73008

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2006

Transaction ID: SA11A1.44249

Amount of Each Receipt this Period  
70.00

**C.** Full Name (Last, First, Middle Initial)  
MRS CHARLOTTE H TAYLOR

Mailing Address 364 MULBERRY ST

City State Zip Code  
MORGANTOWN WV 26505

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  
MM / DD / YYYY  
09 / 12 / 2006

Transaction ID: SA11A1.51630

Amount of Each Receipt this Period  
92.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	212.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 116 / 165
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MRS EDGAR UHLEIN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 1001 SHERIDAN RD		<b>Transaction ID: SA11A1.51309</b>	
City State Zip Code LAKE BLUFF IL 60044	Amount of Each Receipt this Period 1688.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A Occupation HOME MAKER	Aggregate Year-to-Date ▼ 2438.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. DR CHARLES VIRGIN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006	
Mailing Address 945 MARINER DR		<b>Transaction ID: SA11A1.46816</b>	
City State Zip Code KEY BISCAWAYNE FL 33149	Amount of Each Receipt this Period 199.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation DOCTOR	Aggregate Year-to-Date ▼ 234.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MR ARNOLD VREELAND</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address 3238 RUNNING QUAIL CT		<b>Transaction ID: SA11A1.51211</b>	
City State Zip Code PLACERVILLE CA 95667	Amount of Each Receipt this Period 160.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation	Aggregate Year-to-Date ▼ 301.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2047.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: PAGE 117 / 165  
(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 ARNOLD VREELAND

Mailing Address 3238 RUNNING QUAIL CT

City State Zip Code  
PLACERVILLE CA 95667

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
336.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 05 / 2006

**Transaction ID:** SA11A1.51685

Amount of Each Receipt this Period  
35.00

**B.** 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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
206.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2006

**Transaction ID:** SA11A1.46557

Amount of Each Receipt this Period  
100.00

**C.** 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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
256.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2006

**Transaction ID:** SA11A1.53084

Amount of Each Receipt this Period  
50.00

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 165  
(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 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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
358.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 20 / 2006

Transaction ID: SA11A1.46361

Amount of Each Receipt this Period  
80.00

**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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
393.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 01 / 2006

Transaction ID: SA11A1.48390

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
418.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

Transaction ID: SA11A1.53089

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **140.00**

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

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

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

FOR LINE NUMBER: PAGE 119 / 165  
(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 HARRISON WARD

Mailing Address 515 82ND ST # 1-FT

City State Zip Code  
BROOKLYN NY 11209

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  
0 8 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.48891

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
CLARENCE L WATSON

Mailing Address 310 HESTER AVE LOT 201

City State Zip Code  
DONNA TX 78537

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  
0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.46783

Amount of Each Receipt this Period  
15.00

**C.** Full Name (Last, First, Middle Initial)  
CLARENCE L WATSON

Mailing Address 310 HESTER AVE LOT 201

City State Zip Code  
DONNA TX 78537

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
226.00

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

Transaction ID: SA11A1.48503

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **190.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 165  
(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)  
CLARENCE L WATSON

Mailing Address 310 HESTER AVE LOT 201

City State Zip Code  
DONNA TX 78537

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
246.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.46993

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
CLARENCE L WATSON

Mailing Address 310 HESTER AVE LOT 201

City State Zip Code  
DONNA TX 78537

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  
0 8 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.50851

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
CLARENCE L WATSON

Mailing Address 310 HESTER AVE LOT 201

City State Zip Code  
DONNA TX 78537

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
297.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.51679

Amount of Each Receipt this Period  
26.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **71.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 121 / 165  
(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)  
CLARENCE L WATSON

Mailing Address 310 HESTER AVE LOT 201

City	State	Zip Code
DONNA	TX	78537

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

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

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

Transaction ID: SA11A1.53526

Amount of Each Receipt this Period  
 15.00

**B.** Full Name (Last, First, Middle Initial)  
CLARENCE L WATSON

Mailing Address 310 HESTER AVE LOT 201

City	State	Zip Code
DONNA	TX	78537

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

Name of Employer	Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 332.00

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

Transaction ID: SA11A1.53882

Amount of Each Receipt this Period  
 20.00

**C.** Full Name (Last, First, Middle Initial)  
A. V. WEATHERFORD

Mailing Address 24371 CRESTLAWN ST

City	State	Zip Code
WOODLAND HILLS	CA	91367

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  
 0 9 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.52560

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	135.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 122 / 165  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
ELEANOR WEIDMANN

Mailing Address 3500 ROLLING GREEN DR J 38

City State Zip Code  
FORT COLLINS CO 80523

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2006

Transaction ID: SA11A1.45227

Amount of Each Receipt this Period  
200.00

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

Mailing Address 348 PROVENCAL RD

City State Zip Code  
GROSSE POINTE FARM MI 48236

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  
MM / DD / YYYY  
08 / 01 / 2006

Transaction ID: SA11A1.48530

Amount of Each Receipt this Period  
50.00

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

Mailing Address 348 PROVENCAL RD

City State Zip Code  
GROSSE POINTE FARM MI 48236

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2006

Transaction ID: SA11A1.50878

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **285.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 123 / 165  
(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)  
**RUTH WEST**

Mailing Address **201 CRONIN ST**

City **BRISTOL** State **CT** Zip Code **06010**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	6

**Transaction ID: SA11A1.53092**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**BILL WESTOVER**

Mailing Address **7900 BAKMAN AVE**

City **SUN VALLEY** State **CA** Zip Code **91352**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

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

**Transaction ID: SA11A1.48397**

Amount of Each Receipt this Period  
**35.00**

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

Mailing Address **4461 STACK BLVD APT E130**

City **MELBOURNE** State **FL** Zip Code **32901**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **696.00**

Date of Receipt  

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

**Transaction ID: SA11A1.42939**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>110.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 124 / 165  
(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)  
MARY ELIZABETH WHITE

Mailing Address 4461 STACK BLVD APT E130

City State Zip Code  
MELBOURNE FL 32901

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
796.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 25 / 2006

Transaction ID: SA11A1.47463

Amount of Each Receipt this Period  
100.00

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

Mailing Address 4461 STACK BLVD APT E130

City State Zip Code  
MELBOURNE FL 32901

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
831.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 01 / 2006

Transaction ID: SA11A1.48404

Amount of Each Receipt this Period  
35.00

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

Mailing Address 4461 STACK BLVD APT E130

City State Zip Code  
MELBOURNE FL 32901

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
866.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 25 / 2006

Transaction ID: SA11A1.50610

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 165  
(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)  
MARY ELIZABETH WHITE

Mailing Address 4461 STACK BLVD APT E130

City MELBOURNE State FL Zip Code 32901

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
916.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	8	/	2	0	0	6

Transaction ID: SA11A1.51963

Amount of Each Receipt this Period  
50.00

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

Mailing Address 4461 STACK BLVD APT E130

City MELBOURNE State FL Zip Code 32901

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1016.00

Date of Receipt  

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

Transaction ID: SA11A1.52063

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MRS L J WHITMEYER, JR

Mailing Address HC 1 BOX 110

City COLMESNEIL State TX Zip Code 75938

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
233.00

Date of Receipt  

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

Transaction ID: SA11A1.45025

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	235.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 126 / 165  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MS LILLIAN P WILKINS

Mailing Address 342 COUNTY ROAD 3900

City State Zip Code  
HAWKINS TX 75765

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2006

Transaction ID: SA11A1.46731

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
MR HENRY K WILLARD, II

Mailing Address P O BOX 3269

City State Zip Code  
SHEPHERDSTOWN WV 25443

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  
08 / 03 / 2006

Transaction ID: SA11A1.49000

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
MR GEORGE WILLIAMS

Mailing Address 85 SHADY LN

City State Zip Code  
STRASBURG VA 22657

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

Transaction ID: SA11A1.45383

Amount of Each Receipt this Period  
145.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **545.00**

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

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

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

FOR LINE NUMBER: PAGE 127 / 165  
(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)  
ERNEST WILLS

Mailing Address PO BOX 1866

City State Zip Code  
TWIN FALLS ID 83303

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  
0 8 / 0 8 / 2 0 0 6

**Transaction ID:** SA11A1.49575

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MR EDWARD WOODS

Mailing Address 1080 ROCK CREEK RD

City State Zip Code  
WEISER ID 83672

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
213.00

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

**Transaction ID:** SA11A1.53501

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
MR NATHANIEL WRIGHT

Mailing Address 8540 ELWYN AVE

City State Zip Code  
ELVERTA CA 95626

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
311.00

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

**Transaction ID:** SA11A1.51335

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **225.00**

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

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

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

FOR LINE NUMBER: PAGE 128 / 165  
(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 NATHANIEL WRIGHT

Mailing Address 8540 ELWYN AVE

City State Zip Code  
ELVERTA CA 95626

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
361.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

Transaction ID: SA11A1.53187

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
ROBERT ZAITLIN

Mailing Address 118 S CLIFFWOOD AVE

City State Zip Code  
LOS ANGELES CA 90049

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 25 / 2006

Transaction ID: SA11A1.47462

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
ROBERT ZAITLIN

Mailing Address 118 S CLIFFWOOD AVE

City State Zip Code  
LOS ANGELES CA 90049

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 01 / 2006

Transaction ID: SA11A1.48403

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

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



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

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

FOR LINE NUMBER: PAGE 129 / 165  
(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 GILBERT ZINKE

Mailing Address 7018 CENTRAL AVE

City State Zip Code  
GLENDALE NY 11385

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 07 / 2006

**Transaction ID:** SA11A1.49183

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
MRS PEARL ZULIM

Mailing Address 8407 AVENUE 428

City State Zip Code  
DINUBA CA 93618

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 17 / 2006

**Transaction ID:** SA11A1.44999

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	30261.05

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 130 / 165  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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)  
CATTERTON PRINTING & MAILSHOP

Mailing Address 100 POST OFFICE RD

City	State	Zip Code
WALDORF	MD	20602

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

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1435.88

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 27 / 2006

Transaction ID: SA15.4250

Amount of Each Receipt this Period  
1435.88

POSTAGE REFUND

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1435.88
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1435.88

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. ALLIED PRINTING RESOURCES</b>		<b>Transaction ID:</b> SB21B.40649 Date of Disbursement
Mailing Address PO BOX 6506 455 WASHINGTON AVE		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2006"/>
City CARLSTADT	State NJ	Zip Code 07072
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL	<input type="text" value="003"/> Category/ Type	
Candidate Name		
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:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>B. AURORA SENTINEL</b>		<b>Transaction ID:</b> SB21B.40905 Date of Disbursement
Mailing Address 10730 E. BETHANY DRIVE		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City AURORA	State CO	Zip Code 80014
Purpose of Disbursement NEWSPAPER ADVERTISING	<input type="text"/> Category/ Type	
Candidate Name		
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:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>C. MR ALLEN BRANDSTATER</b>		<b>Transaction ID:</b> SB21B.40897 Date of Disbursement
Mailing Address 1241 OAK CIRCLE DRIVE		<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>
City GLENDALE	State CA	Zip Code 91208
Purpose of Disbursement CONSULTING FEE & MANAGEMENT	<input type="text"/> Category/ Type	
Candidate Name		
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:		

Amount of Each Disbursement this Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2736.00"/>
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. MR ALLEN BRANDSTATER</b>		<b>Transaction ID: SB21B.40898</b> Date of Disbursement 07 / 11 / 2006
Mailing Address 1241 OAK CIRCLE DRIVE		Amount of Each Disbursement this Period 150.00
City GLENDALE State CA Zip Code 91208	Purpose of Disbursement CEO EXPENSES	
Candidate Name		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) ▼	

Full Name (Last, First, Middle Initial) <b>B. MR ALLEN BRANDSTATER</b>		<b>Transaction ID: SB21B.40903</b> Date of Disbursement 07 / 27 / 2006
Mailing Address 1241 OAK CIRCLE DRIVE		Amount of Each Disbursement this Period 1000.00
City GLENDALE State CA Zip Code 91208	Purpose of Disbursement CONSULTING FEE & MANAGEMENT	
Candidate Name		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) ▼	

Full Name (Last, First, Middle Initial) <b>C. MR ALLEN BRANDSTATER</b>		<b>Transaction ID: SB21B.40906</b> Date of Disbursement 08 / 01 / 2006
Mailing Address 1241 OAK CIRCLE DRIVE		Amount of Each Disbursement this Period 2000.00
City GLENDALE State CA Zip Code 91208	Purpose of Disbursement CONSULTING FEE & MANAGEMENT	
Candidate Name		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>3150.00</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)

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

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

Full Name (Last, First, Middle Initial) <b>A. MR ALLEN BRANDSTATER</b>		<b>Transaction ID: SB21B.40910</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 6
Mailing Address 1241 OAK CIRCLE DRIVE		Amount of Each Disbursement this Period 1000.00
City GLENDALE State CA Zip Code 91208	Purpose of Disbursement CONSULTING FEE & MANAGEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. MR ALLEN BRANDSTATER</b>		<b>Transaction ID: SB21B.40912</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6
Mailing Address 1241 OAK CIRCLE DRIVE		Amount of Each Disbursement this Period 2000.00
City GLENDALE State CA Zip Code 91208	Purpose of Disbursement CONSULTING FEE & MANAGEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. MR ALLEN BRANDSTATER</b>		<b>Transaction ID: SB21B.40913</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 6
Mailing Address 1241 OAK CIRCLE DRIVE		Amount of Each Disbursement this Period 1000.00
City GLENDALE State CA Zip Code 91208	Purpose of Disbursement CONSULTING FEE & MANAGEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. MR ALLEN BRANDSTATER</b>		<b>Transaction ID: SB21B.40914</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 1241 OAK CIRCLE DRIVE		Amount of Each Disbursement this Period 1000.00
City GLENDALE State CA Zip Code 91208	Purpose of Disbursement CONSULTING FEE & MANAGEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. MR ALLEN BRANDSTATER</b>		<b>Transaction ID: SB21B.40915</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 1241 OAK CIRCLE DRIVE		Amount of Each Disbursement this Period 1000.00
City GLENDALE State CA Zip Code 91208	Purpose of Disbursement CONSULTING FEE & MANAGEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. MR ALLEN BRANDSTATER</b>		<b>Transaction ID: SB21B.40916</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 1241 OAK CIRCLE DRIVE		Amount of Each Disbursement this Period 1000.00
City GLENDALE State CA Zip Code 91208	Purpose of Disbursement CONSULTING FEE & MANAGEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. MR ALLEN BRANDSTATER</b>		<b>Transaction ID: SB21B.40919</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 1241 OAK CIRCLE DRIVE		Amount of Each Disbursement this Period 1000.00
City GLENDALE State CA Zip Code 91208	Category/ Type <input type="checkbox"/> 003	
Purpose of Disbursement CONSULTING FEE & MANAGEMENT Candidate Name		
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:		

Full Name (Last, First, Middle Initial) <b>B. BULK MAILING &amp; ADDRESSING, INC.</b>		<b>Transaction ID: SB21B.40608</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address 1328 CHARWOOD ROAD		Amount of Each Disbursement this Period 2341.20
City HANOVER State MD Zip Code 21076	Category/ Type <input type="checkbox"/> 003	
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name		
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:		

Full Name (Last, First, Middle Initial) <b>C. BULK MAILING &amp; ADDRESSING, INC.</b>		<b>Transaction ID: SB21B.40618</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 1328 CHARWOOD ROAD		Amount of Each Disbursement this Period 4092.00
City HANOVER State MD Zip Code 21076	Category/ Type <input type="checkbox"/> 003	
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name		
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7433.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. BULK MAILING &amp; ADDRESSING, INC.</b>		<b>Transaction ID: SB21B.40620</b>	
Mailing Address 1328 CHARWOOD ROAD		Date of Disbursement MM / DD / YYYY 07 / 17 / 2006	
City HANOVER	State MD	Zip Code 21076	Amount of Each Disbursement this Period 49.56
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL		003	Category/ Type
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) <b>B. BULK MAILING &amp; ADDRESSING, INC.</b>		<b>Transaction ID: SB21B.40637</b>	
Mailing Address 1328 CHARWOOD ROAD		Date of Disbursement MM / DD / YYYY 08 / 07 / 2006	
City HANOVER	State MD	Zip Code 21076	Amount of Each Disbursement this Period 2397.02
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL		003	Category/ Type
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) <b>C. BULK MAILING &amp; ADDRESSING, INC.</b>		<b>Transaction ID: SB21B.40655</b>	
Mailing Address 1328 CHARWOOD ROAD		Date of Disbursement MM / DD / YYYY 09 / 11 / 2006	
City HANOVER	State MD	Zip Code 21076	Amount of Each Disbursement this Period 9423.23
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL		003	Category/ Type
Candidate Name			
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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>11869.81</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)

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

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

Full Name (Last, First, Middle Initial) <b>A. CAMPAIGN FUNDING DIRECT</b>		Transaction ID: SB21B.40607 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="07"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		<input type="text" value="003"/>
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="651.78"/>	

Full Name (Last, First, Middle Initial) <b>B. CAMPAIGN FUNDING DIRECT</b>		Transaction ID: SB21B.40610 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="07"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		<input type="text" value="003"/>
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="11244.69"/>	

Full Name (Last, First, Middle Initial) <b>C. CAMPAIGN FUNDING DIRECT</b>		Transaction ID: SB21B.40632 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="07"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		<input type="text" value="003"/>
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="5268.78"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="17165.25"/>
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. CAMPAIGN FUNDING DIRECT</b>		<b>Transaction ID:</b> SB21B.40643 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		<input type="text" value="003"/>
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="850.05"/>

Full Name (Last, First, Middle Initial) <b>B. CAMPAIGN FUNDING DIRECT</b>		<b>Transaction ID:</b> SB21B.40647 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		<input type="text" value="003"/>
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="10000.00"/>

Full Name (Last, First, Middle Initial) <b>C. CAMPAIGN FUNDING DIRECT</b>		<b>Transaction ID:</b> SB21B.40656 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		<input type="text" value="003"/>
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="2263.13"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="13113.18"/>
<b>TOTAL</b> 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. CAMPAIGN FUNDING DIRECT</b>		Transaction ID: SB21B.40669 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="09"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="3343.23"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <input type="text" value="003"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. CAMPAIGN FUNDING DIRECT</b>		Transaction ID: SB21B.40672 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="09"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="4489.74"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <input type="text" value="003"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. CATTERTON PRINTING, INC.</b>		Transaction ID: SB21B.40609 Date of Disbursement
Mailing Address 100 POST OFFICE ROAD		<input type="text" value="07"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City WALDORF	State MD	Zip Code 20602
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="3500.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type <input type="text" value="003"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="11332.97"/>
<b>TOTAL</b> 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. CATTERTON PRINTING, INC.</b>		<b>Transaction ID:</b> SB21B.40611 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 100 POST OFFICE ROAD		Amount of Each Disbursement this Period 508.48
City WALDORF State MD Zip Code 20602	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

Full Name (Last, First, Middle Initial) <b>B. CATTERTON PRINTING, INC.</b>		<b>Transaction ID:</b> SB21B.40619 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 100 POST OFFICE ROAD		Amount of Each Disbursement this Period 1145.00
City WALDORF State MD Zip Code 20602	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

Full Name (Last, First, Middle Initial) <b>C. CATTERTON PRINTING, INC.</b>		<b>Transaction ID:</b> SB21B.40635 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 100 POST OFFICE ROAD		Amount of Each Disbursement this Period 172.00
City WALDORF State MD Zip Code 20602	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1825.48
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. CATTERTON PRINTING, INC.</b>		<b>Transaction ID:</b> SB21B.40642 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 100 POST OFFICE ROAD		Amount of Each Disbursement this Period 49.83
City WALDORF State MD Zip Code 20602	003 Category/ Type	
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CATTERTON PRINTING, INC.</b>		<b>Transaction ID:</b> SB21B.40657 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 100 POST OFFICE ROAD		Amount of Each Disbursement this Period 2636.07
City WALDORF State MD Zip Code 20602	003 Category/ Type	
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. COLORTREE, INC. OF VIRGINIA</b>		<b>Transaction ID:</b> SB21B.40606 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6
Mailing Address 2519 BRITTONS HILL RD		Amount of Each Disbursement this Period 2872.80
City RICHMOND State VA Zip Code 23230	003 Category/ Type	
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5558.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. COLORTREE, INC. OF VIRGINIA</b>		<b>Transaction ID: SB21B.40612</b>	
Mailing Address 2519 BRITTONS HILL RD		Date of Disbursement MM / DD / YYYY 07 / 10 / 2006	
City RICHMOND	State VA	Zip Code 23230	Amount of Each Disbursement this Period 7268.13
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL		003 Category/Type	
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) <b>B. COLORTREE, INC. OF VIRGINIA</b>		<b>Transaction ID: SB21B.40621</b>	
Mailing Address 2519 BRITTONS HILL RD		Date of Disbursement MM / DD / YYYY 07 / 17 / 2006	
City RICHMOND	State VA	Zip Code 23230	Amount of Each Disbursement this Period 3192.63
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL		003 Category/Type	
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) <b>C. COLORTREE, INC. OF VIRGINIA</b>		<b>Transaction ID: SB21B.40638</b>	
Mailing Address 2519 BRITTONS HILL RD		Date of Disbursement MM / DD / YYYY 08 / 07 / 2006	
City RICHMOND	State VA	Zip Code 23230	Amount of Each Disbursement this Period 11986.59
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL		003 Category/Type	
Candidate Name			
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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>22447.35</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)

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

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

Full Name (Last, First, Middle Initial) <b>A. CP DIRECT</b>		<b>Transaction ID:</b> SB21B.40639 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address 1420 SPRING HILL ROAD, SUITE 490		Amount of Each Disbursement this Period 16101.30
City MCLEAN State VA Zip Code 22102		
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		Category/ Type 003
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) <b>B. DM GROUP</b>		<b>Transaction ID:</b> SB21B.40613 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 201 SKIPJACK ROAD		Amount of Each Disbursement this Period 50.00
City PRINCE FREDERICK State MD Zip Code 20678		
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		Category/ Type 003
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) <b>C. DM GROUP</b>		<b>Transaction ID:</b> SB21B.40640 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address 201 SKIPJACK ROAD		Amount of Each Disbursement this Period 25.00
City PRINCE FREDERICK State MD Zip Code 20678		
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		Category/ Type 003
Candidate Name		
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	16176.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. ECG DATA CENTER</b>		<b>Transaction ID:</b> SB21B.40605 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="07"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DATA PROCESSING	<input type="text" value="001"/> Category/ Type	
Candidate Name		
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:		
		Amount of Each Disbursement this Period <input type="text" value="1401.14"/>

Full Name (Last, First, Middle Initial) <b>B. ECG DATA CENTER</b>		<b>Transaction ID:</b> SB21B.40614 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="07"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DATA PROCESSING	<input type="text" value="001"/> Category/ Type	
Candidate Name		
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:		
		Amount of Each Disbursement this Period <input type="text" value="1756.92"/>

Full Name (Last, First, Middle Initial) <b>C. ECG DATA CENTER</b>		<b>Transaction ID:</b> SB21B.40622 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="07"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DATA PROCESSING	<input type="text" value="001"/> Category/ Type	
Candidate Name		
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:		
		Amount of Each Disbursement this Period <input type="text" value="250.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3408.06"/>
<b>TOTAL</b> 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. ECG DATA CENTER</b>		<b>Transaction ID:</b> SB21B.40644 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DATA PROCESSING	<input type="text" value="001"/> Category/ Type	
Candidate Name		
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:		
		Amount of Each Disbursement this Period <input type="text" value="4809.51"/>

Full Name (Last, First, Middle Initial) <b>B. ECG DATA CENTER</b>		<b>Transaction ID:</b> SB21B.40670 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DATA PROCESSING	<input type="text" value="001"/> Category/ Type	
Candidate Name		
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:		
		Amount of Each Disbursement this Period <input type="text" value="6428.91"/>

Full Name (Last, First, Middle Initial) <b>C. GILLIS DATA &amp; INFORMATION SERVICES, LLC</b>		<b>Transaction ID:</b> SB21B.40604 Date of Disbursement
Mailing Address 8990 WESTCHESTER DRIVE		<input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="2006"/>
City MANASSAS	State VA	Zip Code 20112
Purpose of Disbursement DATA PROCESSING	<input type="text" value="001"/> Category/ Type	
Candidate Name		
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:		
		Amount of Each Disbursement this Period <input type="text" value="2585.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="13823.42"/>
<b>TOTAL</b> 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. LITHOTECH</b>		<b>Transaction ID:</b> SB21B.40615 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 2020 N 22ND AVE		Amount of Each Disbursement this Period 1044.75
City PHOENIX State AZ Zip Code 85009	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. LITHOTECH</b>		<b>Transaction ID:</b> SB21B.40660 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 2020 N 22ND AVE		Amount of Each Disbursement this Period 2068.50
City PHOENIX State AZ Zip Code 85009	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. MDI IMAGING &amp; MAIL</b>		<b>Transaction ID:</b> SB21B.40623 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 7945.47
City ASHBURN State VA Zip Code 20147	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11058.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. MDI IMAGING &amp; MAIL</b>		<b>Transaction ID:</b> SB21B.40634 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 4033.75
City ASHBURN State VA Zip Code 20147	003 Category/ Type	
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. MDI IMAGING &amp; MAIL</b>		<b>Transaction ID:</b> SB21B.40641 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 2478.69
City ASHBURN State VA Zip Code 20147	003 Category/ Type	
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MDI IMAGING &amp; MAIL</b>		<b>Transaction ID:</b> SB21B.40650 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 9450.00
City ASHBURN State VA Zip Code 20147	003 Category/ Type	
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15962.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. MDI IMAGING &amp; MAIL</b>		<b>Transaction ID: SB21B.40651</b>	
Mailing Address 21721-A FILIGREE CT		Date of Disbursement 09 / 06 / 2006	
City ASHBURN	State VA	Zip Code 20147	Amount of Each Disbursement this Period 300.00
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL		003	Category/ Type
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) <b>B. MDI IMAGING &amp; MAIL</b>		<b>Transaction ID: SB21B.40661</b>	
Mailing Address 21721-A FILIGREE CT		Date of Disbursement 09 / 11 / 2006	
City ASHBURN	State VA	Zip Code 20147	Amount of Each Disbursement this Period 1255.82
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL		003	Category/ Type
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) <b>C. OMEGA LIST COMPANY</b>		<b>Transaction ID: SB21B.40616</b>	
Mailing Address 1420 SPRING HILL RD STE 490		Date of Disbursement 07 / 10 / 2006	
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 12846.15
Purpose of Disbursement LIST RENTALS		003	Category/ Type
Candidate Name			
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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>14401.97</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)

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

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

Full Name (Last, First, Middle Initial) <b>A. OMEGA LIST COMPANY</b>		<b>Transaction ID:</b> SB21B.40624 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="07"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement LIST RENTALS	<input type="text" value="003"/> Category/ Type	
Candidate Name		
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:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>B. OMEGA LIST COMPANY</b>		<b>Transaction ID:</b> SB21B.40633 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="07"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement LIST RENTALS	<input type="text" value="003"/> Category/ Type	
Candidate Name		
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:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>C. OMEGA LIST COMPANY</b>		<b>Transaction ID:</b> SB21B.40645 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="08"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement LIST RENTALS	<input type="text" value="003"/> Category/ Type	
Candidate Name		
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:		

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. OMEGA LIST COMPANY</b>		<b>Transaction ID:</b> SB21B.40648 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement LIST RENTALS	<input type="text" value="003"/> Category/ Type	
Candidate Name		
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:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>B. OMEGA LIST COMPANY</b>		<b>Transaction ID:</b> SB21B.40664 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement LIST RENTALS	<input type="text" value="003"/> Category/ Type	
Candidate Name		
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:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>C. OMEGA LIST COMPANY</b>		<b>Transaction ID:</b> SB21B.40671 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement LIST RENTALS	<input type="text" value="003"/> Category/ Type	
Candidate Name		
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:		

Amount of Each Disbursement this Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4252.62"/>
<b>TOTAL</b> 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)

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

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

Full Name (Last, First, Middle Initial)

**A. PREMIER FULFILLMENT & PROCESSING, INC.**

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement  
CAGING & ESCROW

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID: SB21B.40603**

Date of Disbursement

07 / 03 / 2006

Amount of Each Disbursement this Period

1513.59

Full Name (Last, First, Middle Initial)

**B. PREMIER FULFILLMENT & PROCESSING, INC.**

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement  
CAGING & ESCROW

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID: SB21B.40625**

Date of Disbursement

07 / 17 / 2006

Amount of Each Disbursement this Period

1960.01

Full Name (Last, First, Middle Initial)

**C. PREMIER FULFILLMENT & PROCESSING, INC.**

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement  
CAGING & ESCROW

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID: SB21B.40665**

Date of Disbursement

09 / 11 / 2006

Amount of Each Disbursement this Period

2879.94

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

6353.54

**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)

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

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

Full Name (Last, First, Middle Initial) <b>A. RPA LIMITED PARTNERS</b>		<b>Transaction ID:</b> SB21B.40627
Mailing Address 1420 SPRING HILL ROAD, SUITE 490		Date of Disbursement 07 / 24 / 2006
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL	Candidate Name	003 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 3030.00
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RPA LIMITED PARTNERS</b>		<b>Transaction ID:</b> SB21B.40628
Mailing Address 1420 SPRING HILL ROAD, SUITE 490		Date of Disbursement 07 / 24 / 2006
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL	Candidate Name	003 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 1515.00
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RPA LIMITED PARTNERS</b>		<b>Transaction ID:</b> SB21B.40629
Mailing Address 1420 SPRING HILL ROAD, SUITE 490		Date of Disbursement 07 / 24 / 2006
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL	Candidate Name	003 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 4545.00
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>9090.00</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)

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

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

Full Name (Last, First, Middle Initial) <b>A. RPA LIMITED PARTNERS</b>		<b>Transaction ID:</b> SB21B.40630 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 1420 SPRING HILL ROAD, SUITE 490		Amount of Each Disbursement this Period 4545.00
City MCLEAN State VA Zip Code 22102		
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	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) ▼	

Full Name (Last, First, Middle Initial) <b>B. RPA LIMITED PARTNERS</b>		<b>Transaction ID:</b> SB21B.40631 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 1420 SPRING HILL ROAD, SUITE 490		Amount of Each Disbursement this Period 4545.00
City MCLEAN State VA Zip Code 22102		
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	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) ▼	

Full Name (Last, First, Middle Initial) <b>C. RPA LIMITED PARTNERS</b>		<b>Transaction ID:</b> SB21B.40652 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 1420 SPRING HILL ROAD, SUITE 490		Amount of Each Disbursement this Period 15.15
City MCLEAN State VA Zip Code 22102		
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	Candidate Name	003 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9105.15
<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)

PAGE 154 / 165

<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

Full Name (Last, First, Middle Initial) <b>A. RPA LIMITED PARTNERS</b>		<b>Transaction ID: SB21B.40653</b> Date of Disbursement 09 / 11 / 2006
Mailing Address 1420 SPRING HILL ROAD, SUITE 490		Amount of Each Disbursement this Period 45.90
City MCLEAN State VA Zip Code 22102	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

Full Name (Last, First, Middle Initial) <b>B. RPA LIMITED PARTNERS</b>		<b>Transaction ID: SB21B.40654</b> Date of Disbursement 09 / 11 / 2006
Mailing Address 1420 SPRING HILL ROAD, SUITE 490		Amount of Each Disbursement this Period 45.90
City MCLEAN State VA Zip Code 22102	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

Full Name (Last, First, Middle Initial) <b>C. RPA LIMITED PARTNERS</b>		<b>Transaction ID: SB21B.40673</b> Date of Disbursement 09 / 25 / 2006
Mailing Address 1420 SPRING HILL ROAD, SUITE 490		Amount of Each Disbursement this Period 4545.00
City MCLEAN State VA Zip Code 22102	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4636.80</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)

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

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

Full Name (Last, First, Middle Initial) <b>A. RPA LIMITED PARTNERS</b>		<b>Transaction ID:</b> SB21B.40674 Date of Disbursement
Mailing Address 1420 SPRING HILL ROAD, SUITE 490		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		<input type="text" value="003"/> Category/ Type
Candidate Name		
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:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>B. RST MARKETING</b>		<b>Transaction ID:</b> SB21B.40626 Date of Disbursement
Mailing Address 1272 CORPORATE PARK RD		<input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
City FOREST	State VA	Zip Code 24551
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		<input type="text" value="003"/> Category/ Type
Candidate Name		
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:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>C. RST MARKETING</b>		<b>Transaction ID:</b> SB21B.40636 Date of Disbursement
Mailing Address 1272 CORPORATE PARK RD		<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2006"/>
City FOREST	State VA	Zip Code 24551
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		<input type="text" value="003"/> Category/ Type
Candidate Name		
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:		

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 156 / 165

<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

Full Name (Last, First, Middle Initial) <b>A. RST MARKETING</b>		<b>Transaction ID:</b> SB21B.40646 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 1272 CORPORATE PARK RD		Amount of Each Disbursement this Period 2405.19
City FOREST State VA Zip Code 24551	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

Full Name (Last, First, Middle Initial) <b>B. TRI-STATE ENVELOPE CORP.</b>		<b>Transaction ID:</b> SB21B.40668 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 1 ORGLER PL		Amount of Each Disbursement this Period 2843.40
City ASHLAND State PA Zip Code 17921	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

Full Name (Last, First, Middle Initial) <b>C. WEST END PRINTING</b>		<b>Transaction ID:</b> SB21B.40617 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 1619 SHERWOOD AVE		Amount of Each Disbursement this Period 12135.90
City RICHMOND State VA Zip Code 23220	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	17384.49
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 157 / 165

<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)  
ZIP MAILING SERVICES, INC.

Mailing Address 288 HANLEY INDUSTRIAL CT

City ST LOUIS State MO Zip Code 63144

Purpose of Disbursement  
DIRECT MAIL FUNDRAISING FOR AAIL

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.40676

Date of Disbursement

09 / 28 / 2006

Amount of Each Disbursement this Period

2600.00

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

2600.00

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

263866.89

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. MR ALLEN BRANDSTATER**

**Transaction ID: SB26.40920**

Date of Disbursement

Mailing Address 1241 OAK CIRCLE DRIVE

<sup>M</sup> 0	<sup>M</sup> 8	/	<sup>D</sup> 2	<sup>D</sup> 3	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 6
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City State Zip Code  
GLENDALE CA 91208

Amount of Each Disbursement this Period

200.00
--------

Purpose of Disbursement  
LOAN REPAYMENT

009
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

200.00
--------

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

200.00
--------

**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)

PAGE 159 / 165

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

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

Full Name (Last, First, Middle Initial)

**A.** KOREAN WAR VETERANS NATIONAL MUSEUM & LIBRARY

Mailing Address 1007 PACESETTER DR

City RANTOUL State IL Zip Code 61866

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

012  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.40659

Date of Disbursement

09 / 11 / 2006

Amount of Each Disbursement this Period

650.00

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

650.00

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

650.00

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 160 / 165 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)  
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Transaction ID: SC/10.11562

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MR ALLEN BRANDSTATER	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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	2300.00	700.00

**TERMS**

Date Incurred M M 1 2 D D 0 2 Y Y Y Y 2 0 0 5	Date Due ON DEMAND	Interest Rate 0 % (apr)	Secured: <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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	700.00
<b>TOTALS</b> This Period (last page in this line only) .....	700.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	



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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period 11813.99		Transaction ID: SD10.40707	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11813.99	

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

Outstanding Balance Beginning This Period 45308.43		Transaction ID: SD10.11517	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 45308.43	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> CATTERTON PRINTING & MAILSHOP			Nature of Debt (Purpose): PRINTING - DIRECT MAIL FUNDRAISING
Mailing Address 100 POST OFFICE RD			
City State ZIP Code WALDORF MD 20602			

Outstanding Balance Beginning This Period 3144.55		Transaction ID: SD10.11518	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3144.55	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	60266.97
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor 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>B.</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 State ZIP Code MCLEAN VA 22102	

Outstanding Balance Beginning This Period 16101.30	<b>Transaction ID:</b> SD10.40713	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 16101.30

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

Outstanding Balance Beginning This Period 75.00	<b>Transaction ID:</b> SD10.40714	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 75.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>41496.45</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 0.00	Outstanding Balance at Close of This Period 14646.48

<b>B.</b> 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	<b>Transaction ID:</b> SD10.40717	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2585.00

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

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

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	20344.73
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period 11679.98	<b>Transaction ID: SD10.11520</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11679.98

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

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor PREMIER FULFILLMENT & PROCESSING INC	Nature of Debt (Purpose): CAGING & ESCROW
Mailing Address 4841 DILLON DR	
City State ZIP Code PUEBLO CO 81008	

Outstanding Balance Beginning This Period 6419.67	<b>Transaction ID: SD10.11522</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6419.67

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>53845.23</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional).....	14979.30
2) <b>TOTALS</b> This Period (last page this line number only).....	190932.68
3) <b>TOTALS 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)	