

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 01 01 2008 through 03 31 2008

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

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer Electronically Filed by SCOTT B MACKENZIE Date 07 30 2008

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		2470.13
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	2470.13									
(c) Total Receipts (from Line 19)	66128.79	66128.79								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	68598.92	68598.92								
7. Total Disbursements (from Line 31)	59960.75	59960.75								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8638.17	8638.17								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	45633.20									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4347.00	4347.00
(ii) Unitemized	47001.05	47001.05
(iii) TOTAL (add Lines 11(a)(i) and (ii)	51348.05	51348.05
(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)	51348.05	51348.05
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)	1976.61	1976.61
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	12804.13	12804.13
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))	66128.79	66128.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	66128.79	66128.79

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	59960.75	59960.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	59960.75	59960.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
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))..	59960.75	59960.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59960.75	59960.75

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 27

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)	51348.05	51348.05
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	51348.05	51348.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	59960.75	59960.75
37. Offsets to Operating Expenditures (from Line 15, page 3)	1976.61	1976.61
38. Net Operating Expenditures (subtract Line 37 from Line 36)	57984.14	57984.14

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

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

FOR LINE NUMBER: PAGE 6 / 27
(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 GORDON O BOOTHROYD 132
Mailing Address 818 SALT SPRINGS RD APT 221
City SYRACUSE State NY Zip Code 13224
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 01 / 14 / 2008
Transaction ID: SA11AI.46452
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
MR GORDON O BOOTHROYD 132
Mailing Address 818 SALT SPRINGS RD APT 221
City SYRACUSE State NY Zip Code 13224
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 546.00
Date of Receipt 01 / 14 / 2008
Transaction ID: SA11AI.46453
Amount of Each Receipt this Period 46.00

C. Full Name (Last, First, Middle Initial)
MR GORDON O BOOTHROYD 132
Mailing Address 818 SALT SPRINGS RD APT 221
City SYRACUSE State NY Zip Code 13224
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 547.00
Date of Receipt 02 / 20 / 2008
Transaction ID: SA11AI.46454
Amount of Each Receipt this Period 1.00

SUBTOTAL of Receipts This Page (optional) ► 547.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
MR BREWSTER J DURKEE 322

Mailing Address 5027 RIVER POINT RD

City JACKSONVILLE State FL Zip Code 32207

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 03 / 28 / 2008
Transaction ID: SA11AI.46442
 Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
MRS LEAMON GRIMES 761

Mailing Address 6328 NORMA ST

City FORT WORTH State TX Zip Code 76112

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: 03 / 28 / 2008
Transaction ID: SA11AI.46143
 Amount of Each Receipt this Period: 150.00

C.

Full Name (Last, First, Middle Initial)
MR BRUCE A JACOBS 982

Mailing Address 1004 COMMERCIAL AVE # 157

City ANACORTES State WA Zip Code 98221

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 18 / 2008
Transaction ID: SA11AI.46739
 Amount of Each Receipt this Period: 250.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 27
(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 BRUCE A JACOBS 982
Mailing Address 1004 COMMERCIAL AVE # 157
City ANACORTES State WA Zip Code 98221
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 02 / 25 / 2008
Transaction ID: SA11AI.46740
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
MS BARBARA KASLER 482
Mailing Address 19169 STRATHCONA DR
City DETROIT State MI Zip Code 48203
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 01 / 10 / 2008
Transaction ID: SA11AI.46462
Amount of Each Receipt this Period 400.00

C. Full Name (Last, First, Middle Initial)
MR JOHN P MCBRIDE 816
Mailing Address 303 E. ABC
City ASPEN State CO Zip Code 81611
FEC ID number of contributing federal political committee. **C**
Name of Employer ASPEN BUSINESS CENTER Occupation BUSINESSMAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 01 / 25 / 2008
Transaction ID: SA11AI.46148
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MR ANTHONY H RYAN 037		Date of Receipt	
	Mailing Address 393 DORCHESTER RD		M M / D D / Y Y Y Y Y 0 2 / 2 5 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.45609
	LYME	NH	03768	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer NONE		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

B.	Full Name (Last, First, Middle Initial) MR LEONARD SIGURDSEN 550		Date of Receipt	
	Mailing Address 4169 W BIRCHVIEW RD		M M / D D / Y Y Y Y Y 0 1 / 0 8 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.45994
	GRASSTON	MN	55030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		300.00	
Name of Employer NONE		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

C.	Full Name (Last, First, Middle Initial) MR LEONARD SIGURDSEN 550		Date of Receipt	
	Mailing Address 4169 W BIRCHVIEW RD		M M / D D / Y Y Y Y Y 0 1 / 1 4 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.45995
	GRASSTON	MN	55030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		600.00	
Name of Employer NONE		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		900.00		

SUBTOTAL of Receipts This Page (optional)	▶	1400.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 27	
	(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"/> 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 WILLIAM M STEWART 928		Date of Receipt		
	Mailing Address 811 MORNINGSIDE DR		M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 8		
	City	State	Zip Code	Transaction ID: SA11AI.46393	
	FULLERTON	CA	92835	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		C	500.00	
	Name of Employer NONE		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	4347.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 27
(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
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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	State	Zip Code
ST LOUIS	MO	63144

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

Name of Employer	Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1976.61

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

Transaction ID: SA15.45321

Amount of Each Receipt this Period
1976.61

REFUND OF OVERPAYMENT

SUBTOTAL of Receipts This Page (optional)	▶	1976.61
TOTAL This Period (last page this line number only)	▶	1976.61

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

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

FOR LINE NUMBER: PAGE 12 / 27
(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)
OMEGA LIST COMPANY

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1649.30

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

Transaction ID: SA17.45322

Amount of Each Receipt this Period
1649.30

LIST RENTAL INCOME

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

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5102.59

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

Transaction ID: SA17.45323

Amount of Each Receipt this Period
3453.29

LIST RENTAL INCOME

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

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6024.96

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

Transaction ID: SA17.45324

Amount of Each Receipt this Period
922.37

LIST RENTAL INCOME

SUBTOTAL of Receipts This Page (optional) ► **6024.96**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 27	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

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

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
12804.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	0	8

Transaction ID: SA17.45325

Amount of Each Receipt this Period
6779.17

LIST RENTAL INCOME

SUBTOTAL of Receipts This Page (optional)	▶	6779.17
TOTAL This Period (last page this line number only)	▶	12804.13

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.45331 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - PAC MANAGEMENT	<input type="text" value="3500.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.45332 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - PAC MANAGEMENT	<input type="text" value="3500.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.45333 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - PAC MANAGEMENT	<input type="text" value="4000.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CATTERTON PRINTING INC	Transaction ID: SB21B.45296 Date of Disbursement																			
	Mailing Address 100 POST OFFICE ROAD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	8												
	City WALDORF State MD Zip Code 20602	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL PAC FUNDRAISING FOR AAIL Candidate Name	<table border="1"><tr><td>884.94</td></tr></table>	884.94																		
884.94																					
	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) ▼																			
		<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					

B.	Full Name (Last, First, Middle Initial) CATTERTON PRINTING INC	Transaction ID: SB21B.45298 Date of Disbursement																			
	Mailing Address 100 POST OFFICE ROAD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	5		2	0	0	8												
	City WALDORF State MD Zip Code 20602	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL PAC FUNDRAISING FOR AAIL Candidate Name	<table border="1"><tr><td>2290.79</td></tr></table>	2290.79																		
2290.79																					
	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) ▼																			
		<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					

C.	Full Name (Last, First, Middle Initial) CATTERTON PRINTING INC	Transaction ID: SB21B.45299 Date of Disbursement																			
	Mailing Address 100 POST OFFICE ROAD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	5		2	0	0	8												
	City WALDORF State MD Zip Code 20602	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL PAC FUNDRAISING FOR AAIL Candidate Name	<table border="1"><tr><td>2152.50</td></tr></table>	2152.50																		
2152.50																					
	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) ▼																			
		<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>5328.23</td></tr></table>	5328.23
5328.23		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CATTERTON PRINTING INC	Transaction ID: SB21B.45300
	Mailing Address 100 POST OFFICE ROAD	Date of Disbursement MM / DD / YYYY 02 / 25 / 2008
	City WALDORF State MD Zip Code 20602	Amount of Each Disbursement this Period 2017.09
	Purpose of Disbursement DIRECT MAIL PAC FUNDRAISING FOR AAIL	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CATTERTON PRINTING INC	Transaction ID: SB21B.45301
	Mailing Address 100 POST OFFICE ROAD	Date of Disbursement MM / DD / YYYY 03 / 24 / 2008
	City WALDORF State MD Zip Code 20602	Amount of Each Disbursement this Period 940.29
	Purpose of Disbursement DIRECT MAIL PAC FUNDRAISING FOR AAIL	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COLORTREE INC OF VIRGINIA	Transaction ID: SB21B.45302
	Mailing Address 2519 BRITTONS HILL RD	Date of Disbursement MM / DD / YYYY 01 / 14 / 2008
	City RICHMOND State VA Zip Code 23230	Amount of Each Disbursement this Period 2227.05
	Purpose of Disbursement DIRECT MAIL PAC FUNDRAISING FOR AAIL	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5184.43
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) COLORTREE INC OF VIRGINIA</p> <p>Mailing Address 2519 BRITTONS HILL RD</p> <p>City RICHMOND State VA Zip Code 23230</p> <p>Purpose of Disbursement DIRECT MAIL PAC FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.45303</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2044.04"/></p>
<p>B. Full Name (Last, First, Middle Initial) COLORTREE INC OF VIRGINIA</p> <p>Mailing Address 2519 BRITTONS HILL RD</p> <p>City RICHMOND State VA Zip Code 23230</p> <p>Purpose of Disbursement DIRECT MAIL PAC FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.45304</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="789.39"/></p>
<p>C. Full Name (Last, First, Middle Initial) INTEGRAM</p> <p>Mailing Address 8421 HILLTOP RD</p> <p>City FAIRFAX State VA Zip Code 22031</p> <p>Purpose of Disbursement DIRECT MAIL PAC FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.45305</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4212.34"/></p>

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

A.	Full Name (Last, First, Middle Initial) INTEGRAM	Transaction ID: SB21B.45306 Date of Disbursement
	Mailing Address 8421 HILLTOP RD	<input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City FAIRFAX State VA Zip Code 22031	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL PAC FUNDRAISING FOR AAIL Candidate Name	<input type="text" value="5605.18"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) INTEGRAM	Transaction ID: SB21B.45307 Date of Disbursement
	Mailing Address 8421 HILLTOP RD	<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City FAIRFAX State VA Zip Code 22031	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL PAC FUNDRAISING FOR AAIL Candidate Name	<input type="text" value="5008.29"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL	Transaction ID: SB21B.45308 Date of Disbursement
	Mailing Address 21721-A FILIGREE CT	<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL PAC FUNDRAISING FOR AAIL Candidate Name	<input type="text" value="3656.13"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="003"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="14269.60"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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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

A.	Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL	Transaction ID: SB21B.45309
	Mailing Address 21721-A FILIGREE CT	Date of Disbursement 01 / 28 / 2008
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period 281.46
	Purpose of Disbursement DIRECT MAIL PAC FUNDRAISING FOR AAIL	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL	Transaction ID: SB21B.45310
	Mailing Address 21721-A FILIGREE CT	Date of Disbursement 02 / 14 / 2008
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period 260.69
	Purpose of Disbursement DIRECT MAIL PAC FUNDRAISING FOR AAIL	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL	Transaction ID: SB21B.45311
	Mailing Address 21721-A FILIGREE CT	Date of Disbursement 03 / 10 / 2008
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period 5740.00
	Purpose of Disbursement DIRECT MAIL PAC FUNDRAISING FOR AAIL	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6282.15
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC	Transaction ID: SB21B.45316
	Mailing Address 4841 DILLON DR	Date of Disbursement MM / DD / YYYY 01 / 22 / 2008
	City PUEBLO State CO Zip Code 81008	Amount of Each Disbursement this Period 1008.58
	Purpose of Disbursement MONEY PROCESSING & ESCROW SERVICES	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC	Transaction ID: SB21B.45317
	Mailing Address 4841 DILLON DR	Date of Disbursement MM / DD / YYYY 03 / 10 / 2008
	City PUEBLO State CO Zip Code 81008	Amount of Each Disbursement this Period 275.38
	Purpose of Disbursement MONEY PROCESSING & ESCROW SERVICES	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC	Transaction ID: SB21B.45318
	Mailing Address 4841 DILLON DR	Date of Disbursement MM / DD / YYYY 03 / 10 / 2008
	City PUEBLO State CO Zip Code 81008	Amount of Each Disbursement this Period 561.70
	Purpose of Disbursement MONEY PROCESSING & ESCROW SERVICES	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1845.66
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC	Transaction ID: SB21B.45319
	Mailing Address 4841 DILLON DR	Date of Disbursement MM / DD / YYYY 03 / 24 / 2008
	City PUEBLO State CO Zip Code 81008	Amount of Each Disbursement this Period 912.67
	Purpose of Disbursement MONEY PROCESSING & ESCROW SERVICES	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC	Transaction ID: SB21B.45320
	Mailing Address 4841 DILLON DR	Date of Disbursement MM / DD / YYYY 03 / 31 / 2008
	City PUEBLO State CO Zip Code 81008	Amount of Each Disbursement this Period 410.87
	Purpose of Disbursement MONEY PROCESSING & ESCROW SERVICES	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RPALP	Transaction ID: SB21B.45313
	Mailing Address 1420 SPRING HILL RD	Date of Disbursement MM / DD / YYYY 01 / 14 / 2008
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 4545.00
	Purpose of Disbursement DIRECT MAIL PAC FUNDRAISING FOR AAIL	003 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5868.54
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)

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

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

A. Full Name (Last, First, Middle Initial) RPALP <hr/> Mailing Address 1420 SPRING HILL RD <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL PAC FUNDRAISING FOR AAIL Candidate Name	Transaction ID: SB21B.45314 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 666.60
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
B. Full Name (Last, First, Middle Initial) RPALP <hr/> Mailing Address 1420 SPRING HILL RD <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL PAC FUNDRAISING FOR AAIL Candidate Name	Transaction ID: SB21B.45315 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1757.40
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
C. Full Name (Last, First, Middle Initial) WELLS FARGO BANK <hr/> Mailing Address PO BOX 5247 <hr/> City DENVER State CO Zip Code 80274 <hr/> Purpose of Disbursement BANK CHARGE Candidate Name	Transaction ID: SB21B.45293 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 258.84
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

2682.84

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

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

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

A.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK			Transaction ID: SB21B.45294		
	Mailing Address PO BOX 5247			Date of Disbursement 03 / 31 / 2008		
	City DENVER	State CO	Zip Code 80274	Amount of Each Disbursement this Period 141.01		
	Purpose of Disbursement BANK CHARGE		Category/ Type 001			
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:						

SUBTOTAL of Disbursements This Page (optional) ▶

141.01

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

59648.23

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

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

Transaction ID: SC/10.31059

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

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 2029 VERDUGO BLVD
#1020

City MONTROSE State CA ZIP Code 91020

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

TERMS

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

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

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

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.31121	
19374.72			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
4861.19	146.40	24089.51	

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.30997	
3175.73			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
5109.88	8285.61	0.00	

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.45220	
5060.48			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	5060.48	0.00	

1) SUBTOTALS This Period This Page (optional).....	▶	24089.51
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ECG DATA CENTER	Nature of Debt (Purpose): DATA PROCESSING
Mailing Address 1420 SPRING HILL RD STE 490	
City State ZIP Code MCLEAN VA 22102	

Outstanding Balance Beginning This Period 4951.10	Transaction ID: SD10.31126	
Amount Incurred This Period 3740.54	Payment This Period 0.00	Outstanding Balance at Close of This Period 8691.64

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor INTEGRAM	Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR AAI
Mailing Address 8421 HILLTOP RD	
City State ZIP Code FAIRFAX VA 22031	

Outstanding Balance Beginning This Period 14825.81	Transaction ID: SD10.45223	
Amount Incurred This Period 0.00	Payment This Period 14825.81	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 3937.59	Transaction ID: SD10.31018	
Amount Incurred This Period 6000.69	Payment This Period 9938.28	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	8691.64
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period 990.10		Transaction ID: SD10.31130	
Amount Incurred This Period 2500.89	Payment This Period 0.00	Outstanding Balance at Close of This Period 3490.99	

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

Outstanding Balance Beginning This Period 4856.50		Transaction ID: SD10.31296	
Amount Incurred This Period 0.00	Payment This Period 3250.28	Outstanding Balance at Close of This Period 1606.22	

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

Outstanding Balance Beginning This Period 5211.60		Transaction ID: SD10.45280	
Amount Incurred This Period 8677.24	Payment This Period 6969.00	Outstanding Balance at Close of This Period 6919.84	

1) SUBTOTALS This Period This Page (optional).....	▶	12017.05
2) TOTALS This Period (last page this line number only).....	▶	44798.20
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	835.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	45633.20