

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 07 2006 in the State of _____

5. Covering Period 10 19 2006 through 11 27 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 12 06 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 |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 9 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

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

| | |
|---|---|
| D | D |
| 2 | 7 |

| | | | |
|---|---|---|---|
| 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; vertical-align: middle;"><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 | 25591.21 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 106467.97 | 760272.99 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 132059.18 | 772330.22 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 120390.07 | 760661.11 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 11669.11 | 11669.11 | | | | | | | | |
| 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) | 167564.21 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From:

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

| | |
|---|---|
| D | D |
| 1 | 9 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

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

| | |
|---|---|
| D | D |
| 2 | 7 |

| | | | |
|---|---|---|---|
| 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 | 10818.00 | 67205.05 |
| (i) Itemized (use Schedule A) | 95649.97 | 691632.06 |
| (ii) Unitemized | 106467.97 | 758837.11 |
| (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) | 106467.97 | 758837.11 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 1435.88 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 106467.97 | 760272.99 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 106467.97 | 760272.99 |

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..... | 117598.07 | 754634.11 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 117598.07 | 754634.11 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 2792.00 | 2792.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 2300.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 25.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 25.00 |
| 29. Other Disbursements..... | 0.00 | 910.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 120390.07 | 760661.11 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 120390.07 | 760661.11 |

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) | 106467.97 | 758837.11 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 25.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 106467.97 | 758812.11 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 117598.07 | 754634.11 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 1435.88 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 117598.07 | 753198.23 |

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 6 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Full Name (Last, First, Middle Initial)
MR DONALD ARTZ

Mailing Address 1203 WOODWARD AVE

City State Zip Code
ROTHSCHILD WI 54474

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
259.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2006

Transaction ID: SA11A1.55887

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
MR ELLIOT BAINES

Mailing Address 360 INDIAN HARBOR RD

City State Zip Code
VERO BEACH FL 32963

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 ▼
450.00

Date of Receipt
MM / DD / YYYY
11 / 08 / 2006

Transaction ID: SA11A1.55947

Amount of Each Receipt this Period
250.00

C. 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 ▼
516.00

Date of Receipt
MM / DD / YYYY
10 / 23 / 2006

Transaction ID: SA11A1.56126

Amount of Each Receipt this Period
35.00

| | | |
|--|---|--------|
| 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: (check only one) | PAGE 7 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

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 ▼ 255.00

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

Transaction ID: SA11A1.56174

Amount of Each Receipt this Period
35.00

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 ▼ 295.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.56299

Amount of Each Receipt this Period
25.00

C. 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
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

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

Transaction ID: SA11A1.56316

Amount of Each Receipt this Period
50.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 110.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

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

Mailing Address 6309 BURNHAM CIR
APT 203

City Inver Grove Height State MN Zip Code 55076

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

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

Transaction ID: SA11A1.56346

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR JAMES BICKLEY

Mailing Address 14 CASA VERDE

City Lakeway State TX Zip Code 78734

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

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

Transaction ID: SA11A1.56353

Amount of Each Receipt this Period
50.00

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

Mailing Address 14 CASA VERDE

City Lakeway State TX Zip Code 78734

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
1 1 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.56352

Amount of Each Receipt this Period
30.00

| | | |
|--|---|--------|
| 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: (check only one) | PAGE 9 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

| | | |
|---|------------------------------------|---|
| A. Full Name (Last, First, Middle Initial) MR J CLAUDE BRANNAN | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 |
| Mailing Address R R 1 BOX 238 | | Transaction ID: SA11A1.56560 |
| City MARIETTA | State OK | Zip Code 73448 |
| Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer SELF | Occupation RANCHER | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 610.00 | |

| | | |
|---|------------------------------------|---|
| B. Full Name (Last, First, Middle Initial) MR JOHN BROUILLARD | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6 |
| Mailing Address 374 STILSON CANYON RD | | Transaction ID: SA11A1.56599 |
| City CHICO | State CA | Zip Code 95928 |
| Amount of Each Receipt this Period 30.00 | | |
| FEC ID number of contributing federal political committee. C | | |
| 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 ▼ 390.00 | |

| | | |
|---|------------------------------------|---|
| C. Full Name (Last, First, Middle Initial) MRS MARGARET BROWN | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6 |
| Mailing Address 6224 SHADOW OAK DR | | Transaction ID: SA11A1.56626 |
| City NORTH LAS VEGAS | State NV | Zip Code 89031 |
| 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 ▼ 221.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 165.00 |
| 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 10 / 73 | | |
| | <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 |

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

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

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

Mailing Address 6224 SHADOW OAK DR

City NORTH LAS VEGAS State NV Zip Code 89031

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

Name of Employer 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
1 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.56625

Amount of Each Receipt this Period
15.00

B. Full Name (Last, First, Middle Initial)
MRS YVONNE D BROWN

Mailing Address 2309 WESTMINSTER AVE

City COSTA MESA State CA Zip Code 92627

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
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.56636

Amount of Each Receipt this Period
15.00

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

Mailing Address 334 W CEDAR ST

City NEW HOLLAND State PA Zip Code 17557

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.00

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

Transaction ID: SA11A1.56646

Amount of Each Receipt this Period
53.00

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 83.00 |
| 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 11 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

| | | | |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) A. MRS SUSAN BRUNOFF | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6 | |
| Mailing Address 334 W CEDAR ST | | Transaction ID: SA11A1.56645 | |
| City NEW HOLLAND | State PA | Zip Code 17557 | Amount of Each Receipt this Period 35.00 |
| FEC ID number of contributing federal political committee. C | | | |
| 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 ▼ 534.00 | | |

| | | | |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) B. MR MAX BUCHMILLER | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 8954 CHERRY AVE | | Transaction ID: SA11A1.56657 | |
| 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 N/A | Occupation RETIRED | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | | |

| | | | |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) C. MR DAVID BURROWS | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 | |
| Mailing Address 2301 STANLEY AVE S E | | Transaction ID: SA11A1.56715 | |
| City ROANOKE | State VA | Zip Code 24014 | 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 ▼ 231.00 | | |

| | |
|--|--------|
| 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: (check only one) | PAGE 12 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

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 N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
302.00

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

Transaction ID: SA11A1.56727

Amount of Each Receipt this Period
51.00

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 N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
327.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.56728

Amount of Each Receipt this Period
25.00

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

Mailing Address 900 SEMINOLE RD

City State Zip Code
RADCLIFF KY 40160

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.00

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

Transaction ID: SA11A1.56769

Amount of Each Receipt this Period
45.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 121.00 |
| 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 13 / 73 | | |
| | <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 |

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 DAN CARASSO

Mailing Address 7856 RANCHITO AVE

City State Zip Code
VAN NUYS CA 91402

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
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.56803

Amount of Each Receipt this Period
100.00

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
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
861.00

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

Transaction ID: SA11A1.56883

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
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
896.00

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

Transaction ID: SA11A1.56882

Amount of Each Receipt this Period
35.00

| | | |
|--|---|--------|
| 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: (check only one) | PAGE 14 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

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 N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.56930

Amount of Each Receipt this Period
50.00

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 N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
661.00

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

Transaction ID: SA11A1.56980

Amount of Each Receipt this Period
35.00

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

Mailing Address 459 PASSAIC AVE APT 306

City State Zip Code
WEST CALDWELL NJ 07006

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.57026

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: (check only one) | PAGE 15 / 73 | | |
| | <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 |

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

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

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

Mailing Address 2796 S MAIN RD

City State Zip Code
LEBANON OR 97355

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
237.00

Date of Receipt

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

Transaction ID: SA11A1.57072

Amount of Each Receipt this Period
26.00

B. 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 ▼
262.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 3 | 0 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.57071

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS NORMA E COREY

Mailing Address 9 ORCHARD HILL RD

City State Zip Code
GOFFSTOWN NH 03045

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
263.00

Date of Receipt

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

Transaction ID: SA11A1.57126

Amount of Each Receipt this Period
75.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 126.00 |
| 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 16 / 73 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

A. Full Name (Last, First, Middle Initial)
MS 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 N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 308.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 17 / 2006

Transaction ID: SA11A1.57186

Amount of Each Receipt this Period
35.00

B. 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 ▼ 387.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 23 / 2006

Transaction ID: SA11A1.57189

Amount of Each Receipt this Period
100.00

C. 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 ▼ 407.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 13 / 2006

Transaction ID: SA11A1.57188

Amount of Each Receipt this Period
20.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 155.00 |
| 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 17 / 73 | | |
| | <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 |

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

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

A. Full Name (Last, First, Middle Initial)
MS 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 ▼
350.00

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

Transaction ID: SA11A1.57190

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MRS BERNADINE CROSBY

Mailing Address 117 SIDDLE DR

City State Zip Code
CODY WY 82414

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

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

Transaction ID: SA11A1.57213

Amount of Each Receipt this Period
120.00

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

Mailing Address 11216 SHANNONDELL DR

City State Zip Code
AUDUBON PA 19403

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

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

Transaction ID: SA11A1.57314

Amount of Each Receipt this Period
20.00

| | | |
|--|---|--------|
| 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 18 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

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

Mailing Address 11216 SHANNONDELL DR

City State Zip Code
AUDUBON PA 19403

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.57316

Amount of Each Receipt this Period
15.00

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

Mailing Address 11216 SHANNONDELL DR

City State Zip Code
AUDUBON PA 19403

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

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

Transaction ID: SA11A1.57315

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
MR WALTER DETJEN

Mailing Address 41621 25TH ST W

City State Zip Code
PALMDALE CA 93551

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.57486

Amount of Each Receipt this Period
30.00

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 65.00 |
| 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 19 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Full Name (Last, First, Middle Initial)
MR W L DOFFING

Mailing Address 413 COVENTRY RD

City State Zip Code
SPICEWOOD TX 78669

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

Transaction ID: SA11A1.57559

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR GEORGE DOMENICI

Mailing Address P O BOX 9493

City State Zip Code
ALBUQUERQUE NM 87119

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
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.57565

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
MR GEORGE DOMENICI

Mailing Address P O BOX 9493

City State Zip Code
ALBUQUERQUE NM 87119

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

Transaction ID: SA11A1.57564

Amount of Each Receipt this Period
50.00

| | | |
|--|---|--------|
| 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: (check only one) | PAGE 20 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

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

Mailing Address R R 1 BOX 138

City CHALMERS State IN Zip Code 47929

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 715.00

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

Transaction ID: SA11A1.57585

Amount of Each Receipt this Period
30.00

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

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 Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

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

Transaction ID: SA11A1.57669

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
RICHARD EBITSON

Mailing Address P O BOX 185

City GARDEN VALLEY State CA Zip Code 95633

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 278.00

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

Transaction ID: SA11A1.57710

Amount of Each Receipt this Period
56.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 121.00 |
| 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 / 73
(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 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 ▼
381.00

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

Transaction ID: SA11A1.57994

Amount of Each Receipt this Period
40.00

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

Mailing Address 17822 ACACIA DR

City State Zip Code
NORTH FORT MYERS FL 33917

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

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

Transaction ID: SA11A1.58006

Amount of Each Receipt this Period
35.00

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

Mailing Address 17822 ACACIA DR

City State Zip Code
NORTH FORT MYERS FL 33917

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
236.00

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

Transaction ID: SA11A1.58007

Amount of Each Receipt this Period
35.00

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

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

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 N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
419.00

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

Transaction ID: SA11A1.58054

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MS INEZ FORDYCE

Mailing Address 331A CLARKE ST

City State Zip Code
BISHOP CA 93514

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
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.58135

Amount of Each Receipt this Period
100.00

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

Mailing Address 321 S PALMERS CHAPEL RD

City State Zip Code
COTTONTOWN TN 37048

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.58312

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 23 / 73 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. MR EDWARD L GIOMI | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 | |
| Mailing Address 508 BARRINGTON AVE | | Transaction ID: SA11A1.58407 | |
| City State Zip Code EAST DUNDEE IL 60118 | | Amount of Each Receipt this Period 20.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| 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 ▼ 220.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. MRS MARY GONZALES | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 | |
| Mailing Address 2101 N KENSINGTON WAY | | Transaction ID: SA11A1.58445 | |
| City State Zip Code HANFORD CA 93230 | | Amount of Each Receipt this Period 25.00 | |
| 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 ▼ 251.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. AUGUST GRAMMAS | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 | |
| Mailing Address 4376 COVE ISLAND DR N E | | Transaction ID: SA11A1.58496 | |
| City State Zip Code MARIETTA GA 30067 | | Amount of Each Receipt this Period 20.00 | |
| 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 ▼ 215.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 65.00 |
| 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 24 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

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

Mailing Address 3106 FLORAL BLVD

City State Zip Code
BUTTE MT 59701

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

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

Transaction ID: SA11A1.58574

Amount of Each Receipt this Period
80.00

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
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
341.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.57793

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS DORIS HAMILTON

Mailing Address 1300 N E 16TH AVE #1122

City State Zip Code
PORTLAND OR 97232

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.58580

Amount of Each Receipt this Period
35.00

| | | |
|--|---|--------|
| 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 25 / 73 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

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

A. Full Name (Last, First, Middle Initial)
MR 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 N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.58581

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 N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.58582

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
FAYE HANCOCK

Mailing Address 3014 FM 2609

City State Zip Code
NACOGDOCHES TX 75965

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.58594

Amount of Each Receipt this Period
35.00

| | | |
|--|---|--------|
| 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: (check only one) | PAGE 26 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

A. 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 N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

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

Transaction ID: SA11A1.58605

Amount of Each Receipt this Period
100.00

B. 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 AG EDWARDS & SONS Occupation VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
326.00

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

Transaction ID: SA11A1.58736

Amount of Each Receipt this Period
100.00

C. 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 ▼
411.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.58816

Amount of Each Receipt this Period
35.00

| | | |
|--|---|--------|
| 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: (check only one) | PAGE 27 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

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

Mailing Address 251 S OLDS BLVD APT 107F

City State Zip Code
FAIRLESS HILLS PA 19030

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

Name of Employer Occupation
SAMS CLUB MAINTENANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 283.00

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

Transaction ID: SA11A1.58822

Amount of Each Receipt this Period
79.00

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
SAMS CLUB MAINTENANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 318.00

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

Transaction ID: SA11A1.58821

Amount of Each Receipt this Period
35.00

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
N/A RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

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

Transaction ID: SA11A1.58902

Amount of Each Receipt this Period
100.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 214.00 |
| 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 28 / 73 |
| | (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 |

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

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

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

Mailing Address 31723 OLMSTEAD RD

City State Zip Code
ROCKWOOD MI 48173

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.59054

Amount of Each Receipt this Period
55.00

B. Full Name (Last, First, Middle Initial)
MR TERRENCE JACOBS

Mailing Address 3106 TREELINE DR

City State Zip Code
MURRYSVILLE PA 15668

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
1 0 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.59135

Amount of Each Receipt this Period
100.00

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
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
237.00

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

Transaction ID: SA11A1.59179

Amount of Each Receipt this Period
20.00

| | | |
|--|---|--------|
| 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: (check only one) | PAGE 29 / 73 | | |
| | <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 |

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) A. MR BURT JORDAN | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 | |
| Mailing Address 31 STONEBRIAR WAY | | Transaction ID: SA11A1.59293 | |
| City State Zip Code FRISCO TX 75034 | 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 ▼ 350.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. MR BURT JORDAN | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 | |
| Mailing Address 31 STONEBRIAR WAY | | Transaction ID: SA11A1.59294 | |
| City State Zip Code FRISCO TX 75034 | 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 ▼ 450.00 | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. MR MAYNARD KAMBAK | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 | |
| Mailing Address 844 N WOODS AVE | | Transaction ID: SA11A1.59326 | |
| City State Zip Code FULLERTON CA 92832 | 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 ▼ 206.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 385.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 / 73 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. MS BARBARA KASLER | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 19169 STRATHCONA DR | | Transaction ID: SA11A1.59351 | |
| City State Zip Code DETROIT MI 48203 | Amount of Each Receipt this Period 200.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. FRED KERR | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 | |
| Mailing Address 5310 HIGHWAY 65 | | Transaction ID: SA11A1.59430 | |
| City State Zip Code CHILLICOTHE MO 64601 | Amount of Each Receipt this Period 101.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer SELF Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation FARMER Aggregate Year-to-Date ▼ 568.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. FRED KERR | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 | |
| Mailing Address 5310 HIGHWAY 65 | | Transaction ID: SA11A1.59432 | |
| City State Zip Code CHILLICOTHE MO 64601 | Amount of Each Receipt this Period 35.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer SELF Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation FARMER Aggregate Year-to-Date ▼ 603.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 336.00 |
| 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 31 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) FRED KERR Mailing Address 5310 HIGHWAY 65 City CHILLICOTHE State MO Zip Code 64601 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.59431 Amount of Each Receipt this Period 35.00 |
| Name of Employer SELF Occupation FARMER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 638.00 | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) MR JOSEPH W KERRIGAN Mailing Address 7807 GOVERNOR PRINTZ BLVD #216 City CLAYMONT State DE Zip Code 19703 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: SA11A1.59436 Amount of Each Receipt this Period 35.00 |
| Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 286.00 | | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) MR JOSEPH W KERRIGAN Mailing Address 7807 GOVERNOR PRINTZ BLVD #216 City CLAYMONT State DE Zip Code 19703 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.59437 Amount of Each Receipt this Period 35.00 |
| Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 321.00 | | |

| | | |
|--|---|--------|
| 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
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 7807 GOVERNOR PRINTZ BLVD
#216

City State Zip Code
CLAYMONT DE 19703

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
356.00

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

Transaction ID: SA11A1.59438

Amount of Each Receipt this Period
35.00

B. 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
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

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

Transaction ID: SA11A1.59598

Amount of Each Receipt this Period
38.00

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 ▼
284.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.59604

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **93.00**

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 / 73

(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
MR 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 ▼
309.00

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

Transaction ID: SA11A1.59606

Amount of Each Receipt this Period
25.00

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 ▼
329.00

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

Transaction ID: SA11A1.59605

Amount of Each Receipt this Period
20.00

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 ▼
525.00

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

Transaction ID: SA11A1.59608

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶

145.00

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

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 34 / 73 |
| | (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 |

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

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

A. Full Name (Last, First, Middle Initial)
DR 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 ▼
575.00

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

Transaction ID: SA11A1.59607

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR PAUL LIENEMANN

Mailing Address 3024 S 101ST ST

City State Zip Code
OMAHA NE 68124

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.59843

Amount of Each Receipt this Period
100.00

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

Mailing Address 645 NEIL AVE APT 1023

City State Zip Code
COLUMBUS OH 43215

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.60044

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 35 / 73 |
| | (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 |

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 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 N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.60076

Amount of Each Receipt this Period
50.00

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 N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

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

Transaction ID: SA11A1.60077

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
DR HENRY MAY

Mailing Address 52 OAK HOLLOW CIR

City State Zip Code
LAKE JACKSON TX 77566

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

Name of Employer Occupation DOCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 223.00

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

Transaction ID: SA11A1.60202

Amount of Each Receipt this Period
25.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 175.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 / 73 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. TRUTH M MAY | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 | |
| Mailing Address 433 SYLVAN AVE SPC 139 | | Transaction ID: SA11A1.60203 | |
| City State Zip Code MOUNTAIN VIEW CA 94041 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. MR M MC NEILL | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 4115 CHOWAN AVE | | Transaction ID: SA11A1.60241 | |
| City State Zip Code CHESAPEAKE VA 23325 | Amount of Each Receipt this Period 20.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation | Aggregate Year-to-Date ▼ 212.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. MR RICHARD MEEKER | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 | |
| Mailing Address 605 N E 70TH ST | | Transaction ID: SA11A1.60377 | |
| City State Zip Code GLADSTONE MO 64118 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation | Aggregate Year-to-Date ▼ 410.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 370.00 |
| 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 37 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

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 N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.60396

Amount of Each Receipt this Period
25.00

B. 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 N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

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

Transaction ID: SA11A1.60860

Amount of Each Receipt this Period
35.00

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 ▼ 296.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.60872

Amount of Each Receipt this Period
35.00

| | | |
|--|---|-------|
| 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 38 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. 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 ▼
346.00

Date of Receipt

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

Transaction ID: SA11A1.60873

Amount of Each Receipt this Period
50.00

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 ▼
381.00

Date of Receipt

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

Transaction ID: SA11A1.60871

Amount of Each Receipt this Period
35.00

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
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
439.00

Date of Receipt

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

Transaction ID: SA11A1.60989

Amount of Each Receipt this Period
35.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 120.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 39 / 73
(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)
ANNE OAKS

Mailing Address 5187 LOWER HONOAPIILANI RD

City State Zip Code
LAHAINA HI 96761

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 Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.61045

Amount of Each Receipt this Period
25.00

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 ▼
275.00

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

Transaction ID: SA11A1.61059

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 ▼
310.00

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

Transaction ID: SA11A1.61058

Amount of Each Receipt this Period
35.00

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 40 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

A. Full Name (Last, First, Middle Initial)
MR RAY ODEN, JR

Mailing Address 702 THORA BLVD

City State Zip Code
SHREVEPORT LA 71106

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.61074

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR HERMAN OSTROM

Mailing Address 4409 SILVERADO TRL

City State Zip Code
CALISTOGA CA 94515

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
1 1 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.61127

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MS MARGIE PACKARD

Mailing Address 123 HOLLY CT

City State Zip Code
BOSTIC NC 28018

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.61148

Amount of Each Receipt this Period
35.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1535.00 |
| 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 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MS 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 ▼
266.00

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

Transaction ID: SA11A1.61329

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
MRS JOAN PINCHUK

Mailing Address 5381 OCEAN VIEW BLVD

City State Zip Code
LA CANADA FLINTRID CA 91011

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 ▼
250.00

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

Transaction ID: SA11A1.61366

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
BRUCE POPE

Mailing Address 1226 GOODWIN AVE

City State Zip Code
CHARLOTTE NC 28205

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

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

Transaction ID: SA11A1.61405

Amount of Each Receipt this Period
70.00

SUBTOTAL of Receipts This Page (optional) ► **155.00**

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 42 / 73 | | |
| | <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 |

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

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

A. Full Name (Last, First, Middle Initial)
MR WILLIAM 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 ▼
274.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2006

Transaction ID: SA11A1.61413

Amount of Each Receipt this Period
25.00

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 ▼
299.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2006

Transaction ID: SA11A1.61414

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 ▼
334.00

Date of Receipt
MM / DD / YYYY
11 / 27 / 2006

Transaction ID: SA11A1.61415

Amount of Each Receipt this Period
35.00

| | | |
|--|---|-------|
| 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

FOR LINE NUMBER: PAGE 43 / 73
(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 WILLIAM REINIS

Mailing Address 2089 LAS POSAS RD

City State Zip Code
CORONA CA 92882

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

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

Transaction ID: SA11A1.61464

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
MRS DOROTHY RICHARDS

Mailing Address 4306 SALEM TOWNE DR

City State Zip Code
WINSTON SALEM NC 27106

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.61505

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
MRS DOROTHY RICHARDS

Mailing Address 4306 SALEM TOWNE DR

City State Zip Code
WINSTON SALEM NC 27106

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
236.00

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

Transaction ID: SA11A1.61506

Amount of Each Receipt this Period
20.00

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: (check only one) | PAGE 44 / 73 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

| | | | |
|---|--------------------|---|--|
| Full Name (Last, First, Middle Initial) A. W A RICHARDSON | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6 | |
| Mailing Address 1225 N 97TH PLZ | | Transaction ID: SA11A1.61518 | |
| City OMAHA | State NE | Zip Code 68114 | 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 ▼ 250.00 | |

| | | | |
|---|--------------------|---|---|
| Full Name (Last, First, Middle Initial) B. MR JAMES ROBERTS | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 | |
| Mailing Address H C 34 BOX 380 | | Transaction ID: SA11A1.61592 | |
| City LEWISBURG | State WV | Zip Code 24901 | 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 ▼ 330.00 | |

| | | | |
|---|--------------------|---|---|
| Full Name (Last, First, Middle Initial) C. MRS JOYCE E ROMANOWSKI | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 | |
| Mailing Address 3202 NORWOOD DR | | Transaction ID: SA11A1.61662 | |
| City FLINT | State MI | Zip Code 48503 | 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 ▼ 201.00 | |

| | |
|--|--------|
| 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: (check only one) | PAGE 45 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Full Name (Last, First, Middle Initial)
MR ANTHONY RYAN

Mailing Address 393 DORCHESTER RD

City LYME State NH Zip Code 03768

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.61727

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ELIZABETH SCHAFER

Mailing Address 610 1ST ST

City CORONADO State CA Zip Code 92118

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4100.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.61837

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
COL EDWIN S SCHICK, JR

Mailing Address P O BOX 997

City YUCCA VALLEY State CA Zip Code 92286

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

Name of Employer US MARINE CORPS Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.61851

Amount of Each Receipt this Period
70.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 820.00 |
| 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 46 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

A. Full Name (Last, First, Middle Initial)
MS JANET SCHRODER

Mailing Address 75450 ROAD 330

City State Zip Code
GRANT NE 69140

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
222.00

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

Transaction ID: SA11A1.61881

Amount of Each Receipt this Period
48.00

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
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
652.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.62025

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
SELF FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

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

Transaction ID: SA11A1.62096

Amount of Each Receipt this Period
600.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 698.00 |
| 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 47 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

A. Full Name (Last, First, Middle Initial)
MRS ELLEN SIMON

Mailing Address 101 W WINDSOR RD # 3304

City State Zip Code
URBANA IL 61802

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
277.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.62112

Amount of Each Receipt this Period
51.00

B. 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
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

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

Transaction ID: SA11A1.62201

Amount of Each Receipt this Period
25.00

C. 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
STATE OF KENTUCKY ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

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

Transaction ID: SA11A1.62462

Amount of Each Receipt this Period
25.00

| | | |
|--|---|--------|
| 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: (check only one) | PAGE 48 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

A. Full Name (Last, First, Middle Initial)
MR IAN SONEGO

Mailing Address 3537 KAHLERT AVE

City LOUISVILLE State KY Zip Code 40215

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

Name of Employer STATE OF KENTUCKY Occupation ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

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

Transaction ID: SA11A1.62463

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
DONALD STONE

Mailing Address 1144 HARDCRABBLE RD

City CASSVILLE State NY Zip Code 13318

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

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

Transaction ID: SA11A1.62615

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
MS JEAN TALMAGE

Mailing Address 1138 DEVONSHIRE WAY

City PALM BEACH GARDENS State FL Zip Code 33418

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

Name of Employer N/A Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

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

Transaction ID: SA11A1.62750

Amount of Each Receipt this Period
250.00

| | | |
|--|---|--------|
| 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: (check only one) | PAGE 49 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

A. Full Name (Last, First, Middle Initial)
MR BILL TAYLOR

Mailing Address 5643 E 8TH ST

City TUCSON State AZ Zip Code 85711

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

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

Transaction ID: SA11A1.62772

Amount of Each Receipt this Period
 15.00

B. Full Name (Last, First, Middle Initial)
MR ALFRED TOULON

Mailing Address P O BOX 666

City KOLOA State HI Zip Code 96756

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.62942

Amount of Each Receipt this Period
 50.00

C. Full Name (Last, First, Middle Initial)
MR ALFRED TOULON

Mailing Address P O BOX 666

City KOLOA State HI Zip Code 96756

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.62941

Amount of Each Receipt this Period
 50.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 115.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 50 / 73

(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
MR GEORGE TURNBULL

Mailing Address 7260 NIXON DR

City State Zip Code
RIVERSIDE CA 92504

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

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

Transaction ID: SA11A1.63007

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MS EVELYN VAN PATTEN

Mailing Address 201 LAKE ST #811

City State Zip Code
OAK PARK IL 60302

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
1 1 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.63071

Amount of Each Receipt this Period
35.00

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
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
306.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.63170

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶

110.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 73
(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 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 ▼ 443.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 0 / 2 0 0 6
Transaction ID: SA11A1.63182
 Amount of Each Receipt this Period
 25.00

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
 N/A NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 357.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 5 / 2 0 0 6
Transaction ID: SA11A1.62292
 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
 N/A NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 377.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 0 / 2 0 0 6
Transaction ID: SA11A1.62293
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional) ► 70.00
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 / 73 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

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

A. Full Name (Last, First, Middle Initial)
MRS MARCIA A WELSH

Mailing Address 1301 KINGS COVE CT

City State Zip Code
INDIANAPOLIS IN 46260

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
1 0 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.62360

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
BILL WESTOVER

Mailing Address 7900 BAKMAN AVE

City State Zip Code
SUN VALLEY CA 91352

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.62401

Amount of Each Receipt this Period
35.00

C. 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 ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.63292

Amount of Each Receipt this Period
50.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 125.00 |
| 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 / 73 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Full Name (Last, First, Middle Initial)
MRS BETTY WOLFE

Mailing Address 1600 TEXAS ST APT 1611

City State Zip Code
FORT WORTH TX 76102

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: SA11A1.63361

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MRS BETTY WOLFE

Mailing Address 1600 TEXAS ST APT 1611

City State Zip Code
FORT WORTH TX 76102

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

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

Transaction ID: SA11A1.63360

Amount of Each Receipt this Period
50.00

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 N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
411.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.63421

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 54 / 73 | |
| | (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 |

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 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 N/A | Occupation RETIRED |
|-------------------------|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
446.00

Date of Receipt

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

Transaction ID: SA11A1.63420

Amount of Each Receipt this Period

| |
|-------|
| 35.00 |
|-------|

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 35.00 |
| TOTAL This Period (last page this line number only) | ▶ | 10818.00 |

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

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

FOR LINE NUMBER: (check only one)

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

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

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

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. ALLIED PRINTING RESOURCES | | Transaction ID: SB21B.63565 Date of Disbursement |
| Mailing Address PO BOX 6506 455 WASINGTON AVE | | <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> |
| City CARLSTADT | State NJ | Zip Code 07072 |
| 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 <input type="text" value="585.00"/> |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. ALLIED PRINTING RESOURCES | | Transaction ID: SB21B.63576 Date of Disbursement |
| Mailing Address PO BOX 6506 455 WASINGTON AVE | | <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> |
| City CARLSTADT | State NJ | Zip Code 07072 |
| 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 <input type="text" value="945.00"/> |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. ALLIED PRINTING RESOURCES | | Transaction ID: SB21B.63588 Date of Disbursement |
| Mailing Address PO BOX 6506 455 WASINGTON AVE | | <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> |
| City CARLSTADT | State NJ | Zip Code 07072 |
| 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 <input type="text" value="6597.01"/> |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="8127.01"/> |
| 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)

PAGE 56 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) A. MR ALLEN BRANDSTATER | | Transaction ID: SB21B.55819 Date of Disbursement 11 / 27 / 2006 |
| Mailing Address 1241 OAK CIRCLE DRIVE | | Amount of Each Disbursement this Period 500.00 |
| City GLENDALE State CA Zip Code 91208 | Purpose of Disbursement CONSULTING - MANAGEMENT Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 001 |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. BULK MAILING & ADDRESSING, INC. | | Transaction ID: SB21B.63550 Date of Disbursement 10 / 23 / 2006 |
| Mailing Address 1328 CHARWOOD ROAD | | Amount of Each Disbursement this Period 1718.59 |
| City HANOVER State MD Zip Code 21076 | Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL 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) C. BULK MAILING & ADDRESSING, INC. | | Transaction ID: SB21B.63551 Date of Disbursement 10 / 30 / 2006 |
| Mailing Address 1328 CHARWOOD ROAD | | Amount of Each Disbursement this Period 1105.68 |
| City HANOVER State MD Zip Code 21076 | Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL 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 |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3324.27 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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

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

FOR LINE NUMBER: (check only one)

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

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

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

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. CATTERTON PRINTING & MAILSHOP | | Transaction ID: SB21B.63552 |
| Mailing Address 100 POST OFFICE RD | | Date of Disbursement 10 / 30 / 2006 |
| City WALDORF | State MD | Zip Code 20602 |
| 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 4916.05 |
| State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. CATTERTON PRINTING & MAILSHOP | | Transaction ID: SB21B.63553 |
| Mailing Address 100 POST OFFICE RD | | Date of Disbursement 11 / 14 / 2006 |
| City WALDORF | State MD | Zip Code 20602 |
| 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 5.10 |
| State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. GLENDALE HILTON HOTEL | | Transaction ID: SB21B.55814 |
| Mailing Address 100 W GLENOAKS BLVD | | Date of Disbursement 11 / 14 / 2006 |
| City GLENDALE | State CA | Zip Code 91202 |
| Purpose of Disbursement DEPOSIT - BOARD OF DIRECTORS MEETING | Candidate Name | 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) ▼ | Amount of Each Disbursement this Period 800.00 |
| State: District: | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 5721.15 |
| 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 |

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) A. IMAGENOW | | Transaction ID: SB21B.63590 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6 |
| Mailing Address 22701 W 68TH TERRACE | | Amount of Each Disbursement this Period 4454.50 |
| City SJAWMEE State KS Zip Code 66226 | 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. KOREAN WAR VETS MUSEUM & LIB | | Transaction ID: SB21B.63567 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 |
| Mailing Address 1007 PACESETTER DR | | Amount of Each Disbursement this Period 204.00 |
| City RANTOUL State IL Zip Code 61866 | 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) C. MDI IMAGING & MAIL | | Transaction ID: SB21B.63555 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 |
| Mailing Address 21721-A FILIGREE CT | | Amount of Each Disbursement this Period 751.32 |
| 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) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5409.82 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. MDI IMAGING & MAIL | | Transaction ID: SB21B.63556 Date of Disbursement |
| Mailing Address 21721-A FILIGREE CT | | <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/> |
| City ASHBURN | State VA | Zip Code 20147 |
| Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL | | <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

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. PREMIER FULFILLMENT & PROCESSING INC | | Transaction ID: SB21B.63558 Date of Disbursement |
| Mailing Address 4841 DILLON DR | | <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/> |
| City PUEBLO | State CO | Zip Code 81008 |
| Purpose of Disbursement CAGING & ESCROW SERVICES | | <input type="text" value="001"/> |
| 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

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. PREMIER FULFILLMENT & PROCESSING INC | | Transaction ID: SB21B.63559 Date of Disbursement |
| Mailing Address 4841 DILLON DR | | <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/> |
| City PUEBLO | State CO | Zip Code 81008 |
| Purpose of Disbursement CAGING & ESCROW SERVICES | | <input type="text" value="001"/> |
| 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

| | |
|--|---------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="11879.13"/> |
| 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 |

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) A. RPA LIMITED PARTNERS | | Transaction ID: SB21B.63561 Date of Disbursement |
| Mailing Address 1420 SPRING HILL ROAD, SUITE 490 | | <input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/> |
| City MCLEAN | State VA | Zip Code 22102 |
| 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. RPA LIMITED PARTNERS | | Transaction ID: SB21B.63562 Date of Disbursement |
| Mailing Address 1420 SPRING HILL ROAD, SUITE 490 | | <input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/> |
| City MCLEAN | State VA | Zip Code 22102 |
| 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) C. RPA LIMITED PARTNERS | | Transaction ID: SB21B.63563 Date of Disbursement |
| Mailing Address 1420 SPRING HILL ROAD, SUITE 490 | | <input type="text" value="10"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/> |
| City MCLEAN | State VA | Zip Code 22102 |
| 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

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)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) A. RPA LIMITED PARTNERS | | Transaction ID: SB21B.63564 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 1420 SPRING HILL ROAD, SUITE 490 | | Amount of Each Disbursement this Period 4590.45 |
| 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. RPA LIMITED PARTNERS | | Transaction ID: SB21B.63572 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 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) C. RPA LIMITED PARTNERS | | Transaction ID: SB21B.63573 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 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) ▼ | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 13680.45 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. RPA LIMITED PARTNERS | | Transaction ID: SB21B.63574 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 |
| Mailing Address 1420 SPRING HILL ROAD, SUITE 490 | | Amount of Each Disbursement this Period 2020.00 |
| 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. RPA LIMITED PARTNERS | | Transaction ID: SB21B.63575 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 |
| Mailing Address 1420 SPRING HILL ROAD, SUITE 490 | | Amount of Each Disbursement this Period 3030.00 |
| 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) C. RPA LIMITED PARTNERS | | Transaction ID: SB21B.63579 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 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) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 9595.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) A. RPA LIMITED PARTNERS | | Transaction ID: SB21B.63580 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 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. RPA LIMITED PARTNERS | | Transaction ID: SB21B.63581 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 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) C. RPA LIMITED PARTNERS | | Transaction ID: SB21B.63582 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 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) ▼ | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 13635.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) A. RPA LIMITED PARTNERS | | Transaction ID: SB21B.63583 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 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. RPA LIMITED PARTNERS | | Transaction ID: SB21B.63584 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6 |
| Mailing Address 1420 SPRING HILL ROAD, SUITE 490 | | Amount of Each Disbursement this Period 2525.00 |
| 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) C. RPA LIMITED PARTNERS | | Transaction ID: SB21B.63585 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 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) ▼ | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 11615.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 65 / 73

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) A. RPA LIMITED PARTNERS | | Transaction ID: SB21B.63586 Date of Disbursement |
| Mailing Address 1420 SPRING HILL ROAD, SUITE 490 | | <input type="text" value="1"/> <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="6"/> <input type="text" value="6"/> |
| City MCLEAN | State VA | Zip Code 22102 |
| 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 <input type="text" value="3535.00"/> |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. RST MARKETING | | Transaction ID: SB21B.63577 Date of Disbursement |
| Mailing Address 1272 CORPORATE PARK RD | | <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/> |
| City FOREST | State VA | Zip Code 24551 |
| 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 <input type="text" value="8346.12"/> |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. RST MARKETING | | Transaction ID: SB21B.63587 Date of Disbursement |
| Mailing Address 1272 CORPORATE PARK RD | | <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/> |
| City FOREST | State VA | Zip Code 24551 |
| 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 <input type="text" value="3092.00"/> |

| | |
|--|---------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="14973.12"/> |
| 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 |

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) A. ZIP MAILING SERVICES INC | | Transaction ID: SB21B.63571 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 |
| Mailing Address 288 HANLEY INDUSTRIAL CT | | Amount of Each Disbursement this Period 2758.00 |
| City ST LOUIS State MO Zip Code 63144 | 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. ZIP MAILING SERVICES INC | | Transaction ID: SB21B.63578 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 |
| Mailing Address 288 HANLEY INDUSTRIAL CT | | Amount of Each Disbursement this Period 3150.00 |
| City ST LOUIS State MO Zip Code 63144 | 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) C. ZIP MAILING SERVICES INC | | Transaction ID: SB21B.63591 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 |
| Mailing Address 288 HANLEY INDUSTRIAL CT | | Amount of Each Disbursement this Period 1592.00 |
| City ST LOUIS State MO Zip Code 63144 | 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 |

| | |
|--|------------------|
| SUBTOTAL of Disbursements This Page (optional) | 7500.00 |
| TOTAL This Period (last page this line number only) | 117191.10 |

**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 type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" 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) A. ITHACA JOURNAL | | Transaction ID: SB23.55808 | |
| Mailing Address 221 ORISKANY PLAZA | | Date of Disbursement 11 / 07 / 2006 | |
| City UTICA | State NY | Zip Code 13501 | Amount of Each Disbursement this Period 1092.00 |
| Purpose of Disbursement NEWSPAPER AD | | 011 Category/ Type | |
| Candidate Name RAY MEIER FOR CONGRESS COMMITTEE | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: NY | District: 24 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. TUCSON NEWS | | Transaction ID: SB23.55812 | |
| Mailing Address 110 S CHURCH AVE | | Date of Disbursement 11 / 07 / 2006 | |
| City TUCSON | State AZ | Zip Code 85701 | Amount of Each Disbursement this Period 1700.00 |
| Purpose of Disbursement NEWSPAPER AD | | 011 Category/ Type | |
| Candidate Name GRAF FOR CONGRESS | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: AZ | District: 08 | | |

SUBTOTAL of Disbursements This Page (optional) ►

2792.00

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

2792.00

SCHEDULE C (FEC Form 3X)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 68 / 73 FOR LINE 13 OF FORM 3X |
|---|--|

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

Transaction ID: SC/10.11562

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MR ALLEN BRANDSTATER | Election: <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 3000.00 | Cumulative Payment To Date 2300.00 | Balance Outstanding at Close of This Period 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: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |

| | |
|---|--|
| SUBTOTALS This Period This Page (optional) | <input style="width: 100%;" type="text" value="700.00"/> |
| TOTALS This Period (last page in this line only) | <input style="width: 100%;" type="text" value="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

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 2824.27 | Outstanding Balance at Close of This Period 8989.72 |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGN FUNDING DIRECT | Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING |
| 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 |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CATTERTON PRINTING & MAILSHOP | Nature of Debt (Purpose): PRINTING - DIRECT MAIL FU-NDRAISING |
| 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 1776.60 | Payment This Period 4921.15 | Outstanding Balance at Close of This Period 0.00 |

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 54298.15 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor COLORTREE | 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 | Transaction ID: SD10.40711 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 25320.15 |

| | |
|--|--|
| 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 | Transaction ID: SD10.40713 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 16101.30 |

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

| | | |
|--|-----------------------------------|--|
| Outstanding Balance Beginning This Period 75.00 | Transaction ID: SD10.40714 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 75.00 |

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 41496.45 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | |
| 3) TOTALS 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 <input type="text" value="14646.48"/> | Transaction ID: SD10.11519 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="14646.48"/> |

| | |
|--|--|
| 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 <input type="text" value="2585.00"/> | Transaction ID: SD10.40717 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="2585.00"/> |

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

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="3113.25"/> | Transaction ID: SD10.40719 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="3113.25"/> |

| | |
|--|---------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="20344.73"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

| | |
|---|--|
| A. 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 1790.98 | Transaction ID: SD10.11520 | |
| Amount Incurred This Period 662.59 | Payment This Period 2453.57 | Outstanding Balance at Close of This Period 0.00 |

| | |
|---|---|
| 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 | Transaction ID: SD10.11521 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 35745.58 |

| | |
|---|--|
| C. 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 | Transaction ID: SD10.11522 | |
| Amount Incurred This Period 3757.21 | Payment This Period 10176.88 | Outstanding Balance at Close of This Period 0.00 |

| | |
|--|-----------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 35745.58 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTALS 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 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 | Transaction ID: SD10.11523 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 2843.40 |

| | |
|--|--|
| 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 | Transaction ID: SD10.11524 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 12135.90 |

| | |
|--|------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 14979.30 |
| 2) TOTALS This Period (last page this line number only)..... | 166864.21 |
| 3) TOTALS 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) | |