

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 04 01 2006 through 06 30 2006

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

Type or Print Name of Treasurer MR JOHN W LEUTHOLD

Signature of Treasurer Electronically Filed by MR JOHN W LEUTHOLD Date 10 15 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**

Write or Type Committee Name
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		12057.23
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	26051.18									
(c) Total Receipts (from Line 19)	285574.37	397301.08								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	311625.55	409358.31								
7. Total Disbursements (from Line 31)	263679.56	361412.32								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	47945.99	47945.99								
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)	191832.68									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	17193.00	23751.00
(i) Itemized (use Schedule A)	268381.37	373550.08
(ii) Unitemized	285574.37	397301.08
(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)	285574.37	397301.08
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	0.00
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))	285574.37	397301.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	285574.37	397301.08

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.....	263679.56	359312.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	263679.56	359312.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	2100.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	263679.56	361412.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	263679.56	361412.32

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	285574.37	397301.08
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	285574.37	397301.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	263679.56	359312.32
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	263679.56	359312.32

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 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MR ROBERT W ALBACH

Mailing Address 2200 LAKE SURREY DR

City RICHMOND State VA Zip Code 23235

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
246.00

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

Transaction ID: SA11A1.32386

Amount of Each Receipt this Period
141.00

B. Full Name (Last, First, Middle Initial)
DOIE ALLEN

Mailing Address P O BOX 351

City NOCONA State TX Zip Code 76255

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11A1.26090

Amount of Each Receipt this Period
250.00

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

Mailing Address 256 WEYBRIDGE ST

City MIDDLEBURY State VT Zip Code 05753

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.00

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

Transaction ID: SA11A1.35790

Amount of Each Receipt this Period
101.00

SUBTOTAL of Receipts This Page (optional)	▶	492.00
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 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 256 WEYBRIDGE ST

City MIDDLEBURY State VT Zip Code 05753

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
311.00

Date of Receipt

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

Transaction ID: SA11A1.40263

Amount of Each Receipt this Period
35.00

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

Mailing Address P O BOX 101558

City ANCHORAGE State AK Zip Code 99510

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
601.00

Date of Receipt

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

Transaction ID: SA11A1.38753

Amount of Each Receipt this Period
401.00

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

Mailing Address P O BOX 101558

City ANCHORAGE State AK Zip Code 99510

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
851.00

Date of Receipt

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

Transaction ID: SA11A1.40293

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	686.00
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 / 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR WILFERD BERKS		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address 962 S W 900TH RD		Transaction ID: SA11A1.33883	
City State Zip Code MONTROSE MO 64770	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 ▼ 225.00	

Full Name (Last, First, Middle Initial) B. MR J CLAUDE BRANNAN		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6	
Mailing Address R R 1 BOX 238		Transaction ID: SA11A1.25046	
City State Zip Code MARIETTA OK 73448	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 ▼ 230.00	

Full Name (Last, First, Middle Initial) C. MR J CLAUDE BRANNAN		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6	
Mailing Address R R 1 BOX 238		Transaction ID: SA11A1.25047	
City State Zip Code MARIETTA OK 73448	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 ▼ 280.00	

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: (check only one)	PAGE 9 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MR J CLAUDE BRANNAN

Mailing Address R R 1 BOX 238

City MARIETTA State OK Zip Code 73448

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

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

Transaction ID: SA11A1.25571

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR J CLAUDE BRANNAN

Mailing Address R R 1 BOX 238

City MARIETTA State OK Zip Code 73448

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	7	/	2	0	0	6

Transaction ID: SA11A1.26457

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR J CLAUDE BRANNAN

Mailing Address R R 1 BOX 238

City MARIETTA State OK Zip Code 73448

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	0	/	2	0	0	6

Transaction ID: SA11A1.29950

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)	▶	230.00
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 10 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR JOHN BROUILLARD

Mailing Address 374 STILSON CANYON RD

City State Zip Code
CHICO CA 95928

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
0 4 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.19791

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR JOHN BROUILLARD

Mailing Address 374 STILSON CANYON RD

City State Zip Code
CHICO CA 95928

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
0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.22431

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MRS ANNIS BUELL

Mailing Address 4617 CROOKED LN

City State Zip Code
DALLAS TX 75229

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.29931

Amount of Each Receipt this Period
100.00

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

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

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

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

FOR LINE NUMBER: PAGE 11 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR DOMINIC BUONI

Mailing Address 1431 STOCKTON ST

City State Zip Code
SAN FRANCISCO CA 94133

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

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

Transaction ID: SA11A1.35808

Amount of Each Receipt this Period
201.00

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

Mailing Address 2607 WOODALE LN

City State Zip Code
SAINT PETERS MO 63376

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

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

Transaction ID: SA11A1.38430

Amount of Each Receipt this Period
75.00

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

Mailing Address 3355 MISSION AVE #111

City State Zip Code
OCEANSIDE CA 92054

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

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

Transaction ID: SA11A1.32228

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **401.00**

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 / 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR CRAIG CAMPBELL		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2006	
Mailing Address 3355 MISSION AVE #111		Transaction ID: SA11A1.37618	
City State Zip Code OCEANSIDE CA 92054	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 ▼ 275.00		

Full Name (Last, First, Middle Initial) B. MR MOIRA CASTLE		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2006	
Mailing Address 13462 MASON VILLAGE CT		Transaction ID: SA11A1.35801	
City State Zip Code SAINT LOUIS MO 63131	Amount of Each Receipt this Period 51.00		
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. MR MOIRA CASTLE		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2006	
Mailing Address 13462 MASON VILLAGE CT		Transaction ID: SA11A1.35802	
City State Zip Code SAINT LOUIS MO 63131	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 ▼ 286.00		

SUBTOTAL of Receipts This Page (optional) ▶	136.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3437 W 7TH ST #138

City State Zip Code
FORT WORTH TX 76107

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 07 / 2006

Transaction ID: SA11A1.21140

Amount of Each Receipt this Period
50.00

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

Mailing Address 3437 W 7TH ST #138

City State Zip Code
FORT WORTH TX 76107

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
348.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 26 / 2006

Transaction ID: SA11A1.29667

Amount of Each Receipt this Period
113.00

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

Mailing Address 3437 W 7TH ST #138

City State Zip Code
FORT WORTH TX 76107

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 2006

Transaction ID: SA11A1.33856

Amount of Each Receipt this Period
151.00

SUBTOTAL of Receipts This Page (optional)	314.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 14 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3437 W 7TH ST #138

City State Zip Code
FORT WORTH TX 76107

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
534.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2006

Transaction ID: SA11A1.37624

Amount of Each Receipt this Period
35.00

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

Mailing Address 22 GLADDING RD

City State Zip Code
CALDWELL NJ 07006

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2006

Transaction ID: SA11A1.36098

Amount of Each Receipt this Period
76.00

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

Mailing Address 23100 VIA ESPLENDOR UNIT 45

City State Zip Code
CUPERTINO CA 95014

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
06 / 19 / 2006

Transaction ID: SA11A1.36295

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **311.00**

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 / 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MR J ROBERT DAILEY

Mailing Address 13 STONE HILL DR N

City State Zip Code
NORTH HILLS NY 11030

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11A1.28513

Amount of Each Receipt this Period
250.00

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

Mailing Address 6 HUCKLEBERRY LN

City State Zip Code
AUGUSTA ME 04330

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: SA11A1.28968

Amount of Each Receipt this Period
150.00

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

Mailing Address 6 HUCKLEBERRY LN

City State Zip Code
AUGUSTA ME 04330

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

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

Transaction ID: SA11A1.34282

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6 HUCKLEBERRY LN

City State Zip Code
AUGUSTA ME 04330

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
651.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.40287

Amount of Each Receipt this Period
201.00

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

Mailing Address RR 2 BOX 70

City State Zip Code
WILLIAMSBURG PA 16693

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2006

Transaction ID: SA11A1.34260

Amount of Each Receipt this Period
101.00

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

Mailing Address RR 2 BOX 70

City State Zip Code
WILLIAMSBURG PA 16693

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
301.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 26 / 2006

Transaction ID: SA11A1.39064

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	327.00
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 17 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address R R 1 BOX 138

City State Zip Code
CHALMERS IN 47929

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

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

Transaction ID: SA11A1.31553

Amount of Each Receipt this Period
35.00

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

Mailing Address R R 1 BOX 138

City State Zip Code
CHALMERS IN 47929

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

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

Transaction ID: SA11A1.34079

Amount of Each Receipt this Period
100.00

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

Mailing Address R R 1 BOX 138

City State Zip Code
CHALMERS IN 47929

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

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

Transaction ID: SA11A1.34080

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **170.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 83
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address R R 1 BOX 138

City State Zip Code
CHALMERS IN 47929

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2006

Transaction ID: SA11A1.34081

Amount of Each Receipt this Period
35.00

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

Mailing Address 5241 UTICA ST

City State Zip Code
METAIRIE LA 70006

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 2006

Transaction ID: SA11A1.38432

Amount of Each Receipt this Period
25.00

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

Mailing Address 120 S CLIFTON ST

City State Zip Code
BRUSH CO 80723

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
246.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2006

Transaction ID: SA11A1.32282

Amount of Each Receipt this Period
71.00

SUBTOTAL of Receipts This Page (optional)	131.00
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 19 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR ROBERT J EICHENBERG

Mailing Address 1 COLLINS ISLAND

City State Zip Code
NEWPORT BEACH CA 92662

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.27031

Amount of Each Receipt this Period
1000.00

B. 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 ▼
251.00

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

Transaction ID: SA11A1.35928

Amount of Each Receipt this Period
101.00

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

Mailing Address 50 SUNFISH DR

City State Zip Code
DEFIANCE MO 63341

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
236.00

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

Transaction ID: SA11A1.35945

Amount of Each Receipt this Period
51.00

SUBTOTAL of Receipts This Page (optional) ► **1152.00**

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 / 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
F LAVINIA FOGLE

Mailing Address 6217 MALCOLM DR

City State Zip Code
DALLAS TX 75214

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2006

Transaction ID: SA11A1.32304

Amount of Each Receipt this Period
107.00

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

Mailing Address 9930 SCRIBNER AVE

City State Zip Code
WHITTIER CA 90605

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
401.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 14 / 2006

Transaction ID: SA11A1.33891

Amount of Each Receipt this Period
201.00

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

Mailing Address 9930 SCRIBNER AVE

City State Zip Code
WHITTIER CA 90605

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
421.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2006

Transaction ID: SA11A1.39052

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)	▶	328.00
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 21 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR ARNOLD GARRISON		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2006
Mailing Address 181 PINE RIDGE RD		Transaction ID: SA11A1.30349
City WABAN State MA Zip Code 02468	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 CAMERON GLIDEWELL		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2006
Mailing Address 1227 LE GRAY AVE		Transaction ID: SA11A1.20568
City LOS ANGELES State CA Zip Code 90042	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. MR CAMERON GLIDEWELL		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2006
Mailing Address 1227 LE GRAY AVE		Transaction ID: SA11A1.22488
City LOS ANGELES State CA Zip Code 90042	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	(Empty box)

**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 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1227 LE GRAY AVE

City State Zip Code
LOS ANGELES CA 90042

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.29929

Amount of Each Receipt this Period
50.00

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

Mailing Address 1227 LE GRAY AVE

City State Zip Code
LOS ANGELES CA 90042

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
551.00

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

Transaction ID: SA11A1.35019

Amount of Each Receipt this Period
201.00

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

Mailing Address 1227 LE GRAY AVE

City State Zip Code
LOS ANGELES CA 90042

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
601.00

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

Transaction ID: SA11A1.35885

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	301.00
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 23 / 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR RALPH GRAEFE		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2006	
Mailing Address 3163 KENNEDY BLVD APT 203		Transaction ID: SA11A1.34479	
City State Zip Code NORTH BERGEN NJ 07047	Amount of Each Receipt this Period 101.00		
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	

Full Name (Last, First, Middle Initial) B. MR ROBERT GREEN		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2006	
Mailing Address 3193 TIFFANY LN		Transaction ID: SA11A1.36211	
City State Zip Code NAPA CA 94558	Amount of Each Receipt this Period 201.00		
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 ▼ 301.00	

Full Name (Last, First, Middle Initial) C. MRS GERALDYN GRIFFITH		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2006	
Mailing Address 10245 S W HIGHLAND DR		Transaction ID: SA11A1.35200	
City State Zip Code PORTLAND OR 97224	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 ▼ 213.00	

SUBTOTAL of Receipts This Page (optional) ▶	402.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 24 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 915 MIDDLE RIVER DR STE 721

City State Zip Code
FORT LAUDERDALE FL 33304

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.30201

Amount of Each Receipt this Period
150.00

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

Mailing Address 413 W CREEK ST

City State Zip Code
FREDERICKSBURG TX 78624

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

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

Transaction ID: SA11A1.39146

Amount of Each Receipt this Period
100.00

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

Mailing Address 104 CHARTER OAKS CIR

City State Zip Code
CARY NC 27511

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.22459

Amount of Each Receipt this Period
100.00

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

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

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

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

FOR LINE NUMBER: PAGE 25 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 104 CHARTER OAKS CIR

City State Zip Code
CARY NC 27511

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

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

Transaction ID: SA11A1.28767

Amount of Each Receipt this Period
150.00

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

Mailing Address 104 CHARTER OAKS CIR

City State Zip Code
CARY NC 27511

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
435.00

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

Transaction ID: SA11A1.32285

Amount of Each Receipt this Period
35.00

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

Mailing Address 104 CHARTER OAKS CIR

City State Zip Code
CARY NC 27511

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
736.00

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

Transaction ID: SA11A1.32286

Amount of Each Receipt this Period
301.00

SUBTOTAL of Receipts This Page (optional) ► **486.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 83
(check only one)

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

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

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

Mailing Address 104 CHARTER OAKS CIR

City State Zip Code
CARY NC 27511

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
771.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.40270

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
GARY OR CAROLYN HAMMOND

Mailing Address 5101 SAWGRASS COURT

City State Zip Code
FORT COLLINS CO 80525

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
06 / 13 / 2006

Transaction ID: SA11A1.32471

Amount of Each Receipt this Period
197.00

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

Mailing Address 4123 MARY ELLEN AVE

City State Zip Code
STUDIO CITY CA 91604

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 12 / 2006

Transaction ID: SA11A1.31856

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	332.00
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 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
MRS 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 ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2006

Transaction ID: SA11A1.39019

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR HARRY HERON

Mailing Address 2661 TALLANT RD APT MW527

City State Zip Code
SANTA BARBARA CA 93105

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 301.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2006

Transaction ID: SA11A1.32483

Amount of Each Receipt this Period
201.00

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 ▼ 201.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2006

Transaction ID: SA11A1.39990

Amount of Each Receipt this Period
36.00

SUBTOTAL of Receipts This Page (optional)	337.00
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 28 / 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. WILLIAM HILL		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 2291 INGALLS ST		Transaction ID: SA11A1.40303	
City State Zip Code EDGEWATER CO 80214	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 ▼ 250.00	

Full Name (Last, First, Middle Initial) B. TATNALL LEA HILLMAN		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2006	
Mailing Address 504 W BLEEKER ST		Transaction ID: SA11A1.26227	
City State Zip Code ASPEN CO 81611	Amount of Each Receipt this Period 500.00		
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. MRS EMMA A HINSHAW		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2006	
Mailing Address 106 SUNSHINE HILL ST #201		Transaction ID: SA11A1.28472	
City State Zip Code SPRUCE PINE NC 28777	Amount of Each Receipt this Period 38.00		
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 ▼ 222.00	

SUBTOTAL of Receipts This Page (optional) ▶	638.00
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 / 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MRS EMMA A HINSHAW		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6	
Mailing Address 106 SUNSHINE HILL ST #201		Transaction ID: SA11A1.32222	
City SPRUCE PINE	State NC	Zip Code 28777	Amount of Each Receipt this Period 41.00
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 ▼ 263.00	

Full Name (Last, First, Middle Initial) B. MRS WILLIE HOBSON		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address 4820 ENGLISH AVE		Transaction ID: SA11A1.34190	
City INDIANAPOLIS	State IN	Zip Code 46201	Amount of Each Receipt this Period 61.00
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 ▼ 226.00	

Full Name (Last, First, Middle Initial) C. MR ARTHUR HUDSON		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6	
Mailing Address 120 ECHO DR		Transaction ID: SA11A1.39027	
City HENDERSONVILLE	State NC	Zip Code 28739	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) ▶	137.00
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 30 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR JAMES HUNT

Mailing Address 609 MOUNTAIN VIEW DR

City State Zip Code
MESQUITE NV 89027

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.00

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

Transaction ID: SA11A1.34979

Amount of Each Receipt this Period
141.00

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

Mailing Address 609 MOUNTAIN VIEW DR

City State Zip Code
MESQUITE NV 89027

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
246.00

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

Transaction ID: SA11A1.38717

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
MR CHARLES JOHNSON

Mailing Address 3702 ESTO AVE

City State Zip Code
EL MONTE CA 91731

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1225.00

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

Transaction ID: SA11A1.34296

Amount of Each Receipt this Period
817.00

SUBTOTAL of Receipts This Page (optional) ► **993.00**

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

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

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

FOR LINE NUMBER: PAGE 31 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 645 LEK CLOVER CIR

City State Zip Code
PALM DESERT CA 92211

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

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

Transaction ID: SA11A1.39010

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR MICHAEL KENDALL

Mailing Address 1215 E COULTER ST #200

City State Zip Code
AMARILLO TX 79106

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
0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.30165

Amount of Each Receipt this Period
90.00

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

Mailing Address 5310 HIGHWAY 65

City State Zip Code
CHILLICOTHE MO 64601

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.00

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

Transaction ID: SA11A1.33858

Amount of Each Receipt this Period
101.00

SUBTOTAL of Receipts This Page (optional) ► **241.00**

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 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR THOMAS KING

Mailing Address 9020 BUSH CREEK CIR

City State Zip Code
FREDERICK MD 21704

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.22227

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR THOMAS KING

Mailing Address 9020 BUSH CREEK CIR

City State Zip Code
FREDERICK MD 21704

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

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

Transaction ID: SA11A1.34927

Amount of Each Receipt this Period
25.00

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

Mailing Address 9020 BUSH CREEK CIR

City State Zip Code
FREDERICK MD 21704

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

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

Transaction ID: SA11A1.40258

Amount of Each Receipt this Period
50.00

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

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

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

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

FOR LINE NUMBER: PAGE 33 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS SYLVIA MANSON

Mailing Address 113 OCEAN VIEW AVE

City State Zip Code
SANTA CRUZ CA 95062

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.30225

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
MR LEE MITCHELL

Mailing Address 1504 VIA RANCHO

City State Zip Code
SAN LORENZO CA 94580

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

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

Transaction ID: SA11A1.35075

Amount of Each Receipt this Period
101.00

C. Full Name (Last, First, Middle Initial)
MR CARL NEFF

Mailing Address 8187 STATE ROUTE 43

City State Zip Code
STREETSBORO OH 44241

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
226.00

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

Transaction ID: SA11A1.34489

Amount of Each Receipt this Period
151.00

SUBTOTAL of Receipts This Page (optional) ► **402.00**

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 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MR DAVIS NEWTON

Mailing Address 5866 TIMBER DR

City State Zip Code
COLUMBUS OH 43213

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 15 / 2006

Transaction ID: SA11A1.34245

Amount of Each Receipt this Period
101.00

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

Mailing Address 8701 MAYFIELD RD #121

City State Zip Code
CHESTERLAND OH 44026

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
219.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 02 / 2006

Transaction ID: SA11A1.24556

Amount of Each Receipt this Period
53.00

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

Mailing Address 8701 MAYFIELD RD #121

City State Zip Code
CHESTERLAND OH 44026

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
244.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 02 / 2006

Transaction ID: SA11A1.24557

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **179.00**

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 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS DORIS PANKOW

Mailing Address 1401 RUBIO ST

City State Zip Code
ALTADENA CA 91001

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
401.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2006

Transaction ID: SA11A1.34225

Amount of Each Receipt this Period
201.00

B. Full Name (Last, First, Middle Initial)
MR HAROLD PLATT

Mailing Address 8810 WALTHER BLVD #3414

City State Zip Code
BALTIMORE MD 21234

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2006

Transaction ID: SA11A1.39926

Amount of Each Receipt this Period
101.00

C. Full Name (Last, First, Middle Initial)
MRS VIRGINIA R PORTIS

Mailing Address 3210 WINDERLY PINE COVE

City State Zip Code
MEMPHIS TN 38125

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
05 / 17 / 2006

Transaction ID: SA11A1.26477

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **352.00**

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 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MRS E N RICHMOND, II

Mailing Address 7625 SAN FELIPE RD

City State Zip Code
SAN JOSE CA 95135

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2006

Transaction ID: SA11A1.25127

Amount of Each Receipt this Period
250.00

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

Mailing Address 393 DORCHESTER RD

City State Zip Code
LYME NH 03768

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2006

Transaction ID: SA11A1.22282

Amount of Each Receipt this Period
250.00

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

Mailing Address 610 1ST ST

City State Zip Code
CORONADO CA 92118

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
MM / DD / YYYY
04 / 11 / 2006

Transaction ID: SA11A1.21547

Amount of Each Receipt this Period
500.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ELIZABETH SCHAFFER

Mailing Address 610 1ST ST

City State Zip Code
CORONADO CA 92118

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.29434

Amount of Each Receipt this Period
750.00

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

Mailing Address 610 1ST ST

City State Zip Code
CORONADO CA 92118

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

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

Transaction ID: SA11A1.35771

Amount of Each Receipt this Period
500.00

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

Mailing Address 12630 S LAFLIN ST

City State Zip Code
CALUMET PARK IL 60827

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.21134

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

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

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

FOR LINE NUMBER: PAGE 38 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
WALTER SHEK

Mailing Address 12630 S LAFLIN ST

City State Zip Code
CALUMET PARK IL 60827

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

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

Transaction ID: SA11A1.30475

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
WALTER SHEK

Mailing Address 12630 S LAFLIN ST

City State Zip Code
CALUMET PARK IL 60827

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
381.00

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

Transaction ID: SA11A1.34058

Amount of Each Receipt this Period
101.00

C. Full Name (Last, First, Middle Initial)
MR JOHN ANSON SMITH

Mailing Address PO BOX 2709

City State Zip Code
NAPLES FL 34106

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.22569

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **326.00**

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 39 / 83		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. LOUISE SMITH		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 6060 OXFORD AVE N		Transaction ID: SA11A1.22221	
City State Zip Code STILLWATER MN 55082	Amount of Each Receipt this Period 100.00		
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. MABELLE JEAN SMITH		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6	
Mailing Address 8545 MISSION GORGE RD SPC 224		Transaction ID: SA11A1.19864	
City State Zip Code SANTEE CA 92071	Amount of Each Receipt this Period 100.00		
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 ▼ 600.00		

Full Name (Last, First, Middle Initial) C. MABELLE JEAN SMITH		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
Mailing Address 8545 MISSION GORGE RD SPC 224		Transaction ID: SA11A1.29963	
City State Zip Code SANTEE CA 92071	Amount of Each Receipt this Period 500.00		
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 ▼ 1100.00		

SUBTOTAL of Receipts This Page (optional) ▶	700.00
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 / 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) MR WILLIAM B SNYDER		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 555 5TH AVE N E PH 2		Transaction ID: SA11A1.35303	
City SAINT PETERSBURG	State FL	Zip Code 33701	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) DOROTHY STEIN		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6	
Mailing Address 16429 N 33RD ST		Transaction ID: SA11A1.32581	
City PHOENIX	State AZ	Zip Code 85032	Amount of Each Receipt this Period 101.00
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	

C. Full Name (Last, First, Middle Initial) MS JEANICE SUHAJDA		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 20 N TOWER RD APT 12E		Transaction ID: SA11A1.30132	
City OAK BROOK	State IL	Zip Code 60523	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 ▼ 210.00	

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: PAGE 41 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1138 DEVONSHIRE WAY

City State Zip Code
PALM BEACH GARDENS FL 33418

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.19779

Amount of Each Receipt this Period
100.00

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

Mailing Address 1138 DEVONSHIRE WAY

City State Zip Code
PALM BEACH GARDENS FL 33418

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.24156

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MS SUE THUROW

Mailing Address 255 BOARDWALK PL

City State Zip Code
PARK RIDGE IL 60068

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11A1.33925

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **275.00**

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

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

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

FOR LINE NUMBER: PAGE 42 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MS SUE THUROW

Mailing Address 255 BOARDWALK PL

City State Zip Code
PARK RIDGE IL 60068

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
351.00

Date of Receipt

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

Transaction ID: SA11A1.34331

Amount of Each Receipt this Period
101.00

B. Full Name (Last, First, Middle Initial)
DR JAMES TOWNSEND

Mailing Address 2938 DIMRILL STAIR

City State Zip Code
MANHATTAN KS 66503

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

Name of Employer Occupation
DOCTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11A1.20149

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR JACQUES VINMONT, JR

Mailing Address QUAIL RUN 21 ASPEN C

City State Zip Code
BOYNTON BEACH FL 33436

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 ▼
350.00

Date of Receipt

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

Transaction ID: SA11A1.25199

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **301.00**

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 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MISS JEAN C WALKER

Mailing Address 411 N MIDDLETOWN RD
F-302 LIMA ESTATES

City MEDIA State PA Zip Code 19063

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

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

Transaction ID: SA11A1.36284

Amount of Each Receipt this Period
101.00

B. Full Name (Last, First, Middle Initial)
MR HARMON WARD, JR

Mailing Address 12551 FLETCHER DR

City GARDEN GROVE State CA Zip Code 92840

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
203.00

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

Transaction ID: SA11A1.20130

Amount of Each Receipt this Period
80.00

C. Full Name (Last, First, Middle Initial)
MR HARMON WARD, JR

Mailing Address 12551 FLETCHER DR

City GARDEN GROVE State CA Zip Code 92840

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.30141

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **221.00**

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 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
MR 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 ▼
278.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2006

Transaction ID: SA11A1.35791

Amount of Each Receipt this Period
35.00

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

Mailing Address 4461 STACK BLVD APT E130

City State Zip Code
MELBOURNE FL 32901

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
395.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 18 / 2006

Transaction ID: SA11A1.22443

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MARY ELIZABETH WHITE

Mailing Address 4461 STACK BLVD APT E130

City State Zip Code
MELBOURNE FL 32901

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
495.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 31 / 2006

Transaction ID: SA11A1.30154

Amount of Each Receipt this Period
100.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MARY ELIZABETH WHITE

Mailing Address 4461 STACK BLVD APT E130

City MELBOURNE State FL Zip Code 32901

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
596.00

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

Transaction ID: SA11A1.34127

Amount of Each Receipt this Period
101.00

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

Mailing Address 4461 STACK BLVD APT E130

City MELBOURNE State FL Zip Code 32901

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
646.00

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

Transaction ID: SA11A1.37641

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MS LILLIAN P WILKINS

Mailing Address 342 COUNTY ROAD 3900

City HAWKINS State TX Zip Code 75765

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.29990

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **226.00**

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 / 83		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

Mailing Address 85 SHADY LN

City STRASBURG State VA Zip Code 22657

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt

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

Transaction ID: SA11A1.34534

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
MS DONNA P WOOLLEY

Mailing Address P O BOX 43

City DRAIN State OR Zip Code 97435

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	4	/	2	0	0	6

Transaction ID: SA11A1.29651

Amount of Each Receipt this Period
150.00

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

Mailing Address P O BOX 247

City FREEDOM State NH Zip Code 03836

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 ▼
300.00

Date of Receipt

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

Transaction ID: SA11A1.20127

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	▶	260.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR GEORGE WRENN		Date of Receipt M M / D D / Y Y Y Y 04 / 19 / 2006	
Mailing Address P O BOX 247		Transaction ID: SA11A1.22811	
City State Zip Code FREEDOM NH 03836		Amount of Each Receipt this Period 75.00	
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 ▼ 375.00	

Full Name (Last, First, Middle Initial) B. MR GEORGE WRENN		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2006	
Mailing Address P O BOX 247		Transaction ID: SA11A1.28756	
City State Zip Code FREEDOM NH 03836		Amount of Each Receipt this Period 75.00	
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 ▼ 450.00	

Full Name (Last, First, Middle Initial) C. MR GEORGE WRENN		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address P O BOX 247		Transaction ID: SA11A1.40262	
City State Zip Code FREEDOM NH 03836		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 ▼ 485.00	

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 48 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ROBERT ZAITLIN

Mailing Address 118 S CLIFFWOOD AVE

City State Zip Code
LOS ANGELES CA 90049

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.22442

Amount of Each Receipt this Period
100.00

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

Mailing Address 118 S CLIFFWOOD AVE

City State Zip Code
LOS ANGELES CA 90049

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.30153

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
ROBERT ZAITLIN

Mailing Address 118 S CLIFFWOOD AVE

City State Zip Code
LOS ANGELES CA 90049

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

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

Transaction ID: SA11A1.35837

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

TOTAL This Period (last page this line number only) ▶ **17193.00**

**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

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

Full Name (Last, First, Middle Initial) A. BULK MAILING & ADDRESSING, INC.		Transaction ID: SB21B.40542 Date of Disbursement
Mailing Address 1328 CHARWOOD ROAD		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
City HANOVER	State MD	Zip Code 21076
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="003"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. BULK MAILING & ADDRESSING, INC.		Transaction ID: SB21B.40565 Date of Disbursement
Mailing Address 1328 CHARWOOD ROAD		<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>
City HANOVER	State MD	Zip Code 21076
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="003"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. BULK MAILING & ADDRESSING, INC.		Transaction ID: SB21B.40566 Date of Disbursement
Mailing Address 1328 CHARWOOD ROAD		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2006"/>
City HANOVER	State MD	Zip Code 21076
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="003"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="40612.80"/>
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 50 / 83

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

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

Full Name (Last, First, Middle Initial) A. BULK MAILING & ADDRESSING, INC.		Transaction ID: SB21B.40573 Date of Disbursement																					
Mailing Address 1328 CHARWOOD ROAD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	1		2	0	0	6														
City HANOVER	State MD	Zip Code 21076	Amount of Each Disbursement this Period																				
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		003	3361.00																				
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:																							

Full Name (Last, First, Middle Initial) B. BULK MAILING & ADDRESSING, INC.		Transaction ID: SB21B.40575 Date of Disbursement																					
Mailing Address 1328 CHARWOOD ROAD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	7		2	0	0	6														
City HANOVER	State MD	Zip Code 21076	Amount of Each Disbursement this Period																				
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		003	1414.34																				
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:																							

Full Name (Last, First, Middle Initial) C. BULK MAILING & ADDRESSING, INC.		Transaction ID: SB21B.40580 Date of Disbursement																					
Mailing Address 1328 CHARWOOD ROAD		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	2		2	0	0	6														
City HANOVER	State MD	Zip Code 21076	Amount of Each Disbursement this Period																				
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		003	1622.00																				
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:																							

SUBTOTAL of Disbursements This Page (optional)	▶	6397.34
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. BULK MAILING & ADDRESSING, INC.		Transaction ID: SB21B.40582	
Mailing Address 1328 CHARWOOD ROAD		Date of Disbursement MM / DD / YYYY 06 / 19 / 2006	
City HANOVER	State MD	Zip Code 21076	Amount of Each Disbursement this Period 3915.27
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL		003	Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. BULK MAILING & ADDRESSING, INC.		Transaction ID: SB21B.40594	
Mailing Address 1328 CHARWOOD ROAD		Date of Disbursement MM / DD / YYYY 06 / 26 / 2006	
City HANOVER	State MD	Zip Code 21076	Amount of Each Disbursement this Period 234.31
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL		003	Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. BULK MAILING & ADDRESSING, INC.		Transaction ID: SB21B.40600	
Mailing Address 1328 CHARWOOD ROAD		Date of Disbursement MM / DD / YYYY 06 / 29 / 2006	
City HANOVER	State MD	Zip Code 21076	Amount of Each Disbursement this Period 6900.00
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL		003	Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	11049.58
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. BULK MAILING & ADDRESSING, INC.		Transaction ID: SB21B.40826
Mailing Address 1328 CHARWOOD ROAD		Date of Disbursement MM / DD / YYYY 06 / 30 / 2006
City HANOVER	State MD	Amount of Each Disbursement this Period 58059.72
Zip Code 21076		
Purpose of Disbursement ADJUSTMENT	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. BULK MAILING & ADDRESSING, INC.		Transaction ID: SB21B.40853
Mailing Address 1328 CHARWOOD ROAD		Date of Disbursement MM / DD / YYYY 06 / 30 / 2006
City HANOVER	State MD	Amount of Each Disbursement this Period -58059.72
Zip Code 21076		
Purpose of Disbursement REVERSAL	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CAMPAIGN FUNDING DIRECT		Transaction ID: SB21B.40543
Mailing Address 1420 SPRING HILL RD STE 490		Date of Disbursement MM / DD / YYYY 04 / 24 / 2006
City MCLEAN	State VA	Amount of Each Disbursement this Period 19951.83
Zip Code 22102		
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	▶	19951.83
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. CAMPAIGN FUNDING DIRECT		Transaction ID: SB21B.40552 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	Candidate Name	<input type="text" value="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) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. CAMPAIGN FUNDING DIRECT		Transaction ID: SB21B.40554 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	Candidate Name	<input type="text" value="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) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. CAMPAIGN FUNDING DIRECT		Transaction ID: SB21B.40595 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	Candidate Name	<input type="text" value="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) ▼	
State: District:		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="12559.28"/>
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 54 / 83

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

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

Full Name (Last, First, Middle Initial) A. CAMPAIGN FUNDING DIRECT		Transaction ID: SB21B.40828 Date of Disbursement																				
Mailing Address 1420 SPRING HILL RD STE 490		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		3	0		2	0	0	6													
City MCLEAN	State VA	Zip Code 22102																				
Purpose of Disbursement ADJUSTMENT	<table border="1"><tr><td>003</td></tr></table>		003																			
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 <table border="1"><tr><td>32511.11</td></tr></table>		32511.11																			
32511.11																						

Full Name (Last, First, Middle Initial) B. CAMPAIGN FUNDING DIRECT		Transaction ID: SB21B.40854 Date of Disbursement																				
Mailing Address 1420 SPRING HILL RD STE 490		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		3	0		2	0	0	6													
City MCLEAN	State VA	Zip Code 22102																				
Purpose of Disbursement REVERSAL	<table border="1"><tr><td>003</td></tr></table>		003																			
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 <table border="1"><tr><td>-32511.11</td></tr></table>		-32511.11																			
-32511.11																						

Full Name (Last, First, Middle Initial) C. CATTERTON PRINTING & MAILSHOP		Transaction ID: SB21B.40832 Date of Disbursement																				
Mailing Address 100 POST OFFICE RD		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		3	0		2	0	0	6													
City WALDORF	State MD	Zip Code 20602																				
Purpose of Disbursement ADJUSTMENT	<table border="1"><tr><td>003</td></tr></table>		003																			
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 <table border="1"><tr><td>5100.00</td></tr></table>		5100.00																			
5100.00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>5100.00</td></tr></table>	5100.00
5100.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. CATTERTON PRINTING, INC.		Transaction ID: SB21B.40581 Date of Disbursement MM / DD / YYYY 06 / 19 / 2006
Mailing Address 100 POST OFFICE ROAD		Amount of Each Disbursement this Period 5100.00
City WALDORF State MD Zip Code 20602	003 Category/ Type	
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. COLORTREE		Transaction ID: SB21B.40830 Date of Disbursement MM / DD / YYYY 06 / 30 / 2006
Mailing Address 2519 BRITTONS HILL RD		Amount of Each Disbursement this Period 14368.15
City RICHMOND State VA Zip Code 23230	003 Category/ Type	
Purpose of Disbursement ADJUSTMENT		
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. COLORTREE, INC. OF VIRGINIA		Transaction ID: SB21B.40545 Date of Disbursement MM / DD / YYYY 04 / 24 / 2006
Mailing Address 2519 BRITTONS HILL RD		Amount of Each Disbursement this Period 786.40
City RICHMOND State VA Zip Code 23230	003 Category/ Type	
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	20254.55
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. COLORTREE, INC. OF VIRGINIA		Transaction ID: SB21B.40555	
Mailing Address 2519 BRITTONS HILL RD		Date of Disbursement 05 / 01 / 2006	
City RICHMOND	State VA	Zip Code 23230	Amount of Each Disbursement this Period 9677.01
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		003	Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. COLORTREE, INC. OF VIRGINIA		Transaction ID: SB21B.40596	
Mailing Address 2519 BRITTONS HILL RD		Date of Disbursement 06 / 26 / 2006	
City RICHMOND	State VA	Zip Code 23230	Amount of Each Disbursement this Period 3904.74
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		003	Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. CP DIRECT		Transaction ID: SB21B.40570	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490		Date of Disbursement 05 / 30 / 2006	
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 532.45
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		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:			

SUBTOTAL of Disbursements This Page (optional)	14114.20
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. CP DIRECT		Transaction ID: SB21B.40578 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address 1420 SPRING HILL ROAD, SUITE 490		Amount of Each Disbursement this Period 2779.73
City MCLEAN State VA Zip Code 22102		
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		003 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CP DIRECT		Transaction ID: SB21B.40583 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 1420 SPRING HILL ROAD, SUITE 490		Amount of Each Disbursement this Period 6567.92
City MCLEAN State VA Zip Code 22102		
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		003 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CP DIRECT		Transaction ID: SB21B.40597 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 1420 SPRING HILL ROAD, SUITE 490		Amount of Each Disbursement this Period 3552.00
City MCLEAN State VA Zip Code 22102		
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI		003 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	12899.65
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. CP DIRECT		Transaction ID: SB21B.40834	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490		Date of Disbursement MM / DD / YYYY 06 / 30 / 2006	
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 13432.10
Purpose of Disbursement ADJUSTMENT	Category/ Type 003		
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. CP DIRECT		Transaction ID: SB21B.40857	
Mailing Address 1420 SPRING HILL ROAD, SUITE 490		Date of Disbursement MM / DD / YYYY 06 / 30 / 2006	
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period -13432.10
Purpose of Disbursement REVERSAL	Category/ Type 003		
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. DM GROUP		Transaction ID: SB21B.40579	
Mailing Address 201 SKIPJACK ROAD		Date of Disbursement MM / DD / YYYY 06 / 07 / 2006	
City PRINCE FREDERICK	State MD	Zip Code 20678	Amount of Each Disbursement this Period 1847.88
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	Category/ Type 003		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ► 1847.88

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 59 / 83

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

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

Full Name (Last, First, Middle Initial) A. DM GROUP		Transaction ID: SB21B.40836
Mailing Address 201 SKIPJACK ROAD		Date of Disbursement MM / DD / YYYY 06 / 30 / 2006
City PRINCE FREDERICK	State MD	Amount of Each Disbursement this Period 1847.88
Zip Code 20678		
Purpose of Disbursement ADJUSTMENT	Candidate Name	Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. DM GROUP		Transaction ID: SB21B.40858
Mailing Address 201 SKIPJACK ROAD		Date of Disbursement MM / DD / YYYY 06 / 30 / 2006
City PRINCE FREDERICK	State MD	Amount of Each Disbursement this Period -1847.88
Zip Code 20678		
Purpose of Disbursement REVERSAL	Candidate Name	Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. ECG DATA CENTER		Transaction ID: SB21B.40546
Mailing Address 1420 SPRING HILL RD STE 490		Date of Disbursement MM / DD / YYYY 04 / 24 / 2006
City MCLEAN	State VA	Amount of Each Disbursement this Period 2183.31
Zip Code 22102		
Purpose of Disbursement DATA PROCESSING	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

2183.31

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. ECG DATA CENTER		Transaction ID: SB21B.40556 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="05"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DATA PROCESSING	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="2421.21"/>

Full Name (Last, First, Middle Initial) B. ECG DATA CENTER		Transaction ID: SB21B.40571 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="05"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DATA PROCESSING	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="104.06"/>

Full Name (Last, First, Middle Initial) C. ECG DATA CENTER		Transaction ID: SB21B.40598 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="06"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement DATA PROCESSING	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="1146.63"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3671.90"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. ECG DATA CENTER		Transaction ID: SB21B.40838 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement ADJUSTMENT	<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="5855.21"/>

Full Name (Last, First, Middle Initial) B. ECG DATA CENTER		Transaction ID: SB21B.40859 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement REVERSAL	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="-5855.21"/>

Full Name (Last, First, Middle Initial) C. GILLIS DATA & INFORMATION SERVICES, LLC		Transaction ID: SB21B.40557 Date of Disbursement
Mailing Address 8990 WESTCHESTER DRIVE		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City MANASSAS	State VA	Zip Code 20112
Purpose of Disbursement DATA PROCESSING	<input type="text" value="001"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="2225.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2225.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. GILLIS DATA & INFORMATION SERVICES, LLC		Transaction ID: SB21B.40840
Mailing Address 8990 WESTCHESTER DRIVE		Date of Disbursement MM / DD / YYYY 06 / 30 / 2006
City MANASSAS	State VA	Zip Code 20112
Purpose of Disbursement ADJUSTMENT	Amount of Each Disbursement this Period 2225.00	
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. GILLIS DATA & INFORMATION SERVICES, LLC		Transaction ID: SB21B.40860
Mailing Address 8990 WESTCHESTER DRIVE		Date of Disbursement MM / DD / YYYY 06 / 30 / 2006
City MANASSAS	State VA	Zip Code 20112
Purpose of Disbursement REVERSAL	Amount of Each Disbursement this Period -2225.00	
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. LITHOTECH		Transaction ID: SB21B.40548
Mailing Address 2020 N 22ND AVE		Date of Disbursement MM / DD / YYYY 04 / 24 / 2006
City PHOENIX	State AZ	Zip Code 85009
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL	Amount of Each Disbursement this Period 2058.00	
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) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	2058.00
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

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

Full Name (Last, First, Middle Initial) A. LITHOTECH		Transaction ID: SB21B.40842 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 2020 N 22ND AVE		Amount of Each Disbursement this Period 2058.00
City PHOENIX State AZ Zip Code 85009	Purpose of Disbursement ADJUSTMENT 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. LITHOTECH		Transaction ID: SB21B.40861 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 2020 N 22ND AVE		Amount of Each Disbursement this Period -2058.00
City PHOENIX State AZ Zip Code 85009	Purpose of Disbursement REVERSAL 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. MDI IMAGING & MAIL		Transaction ID: SB21B.40540 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 6001.55
City ASHBURN State VA Zip Code 20147	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

SUBTOTAL of Disbursements This Page (optional) ▶	6001.55
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MDI IMAGING & MAIL		Transaction ID: SB21B.40549 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 495.77
City ASHBURN State VA Zip Code 20147	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. MDI IMAGING & MAIL		Transaction ID: SB21B.40558 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 117.73
City ASHBURN State VA Zip Code 20147	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. MDI IMAGING & MAIL		Transaction ID: SB21B.40564 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 7083.00
City ASHBURN State VA Zip Code 20147	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) ▶	7696.50
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. MDI IMAGING & MAIL		Transaction ID: SB21B.40574 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 6639.00
City ASHBURN State VA Zip Code 20147	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. MDI IMAGING & MAIL		Transaction ID: SB21B.40576 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 4033.75
City ASHBURN State VA Zip Code 20147	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. MDI IMAGING & MAIL		Transaction ID: SB21B.40585 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 2046.66
City ASHBURN State VA Zip Code 20147	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) ▶	12719.41
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. MDI IMAGING & MAIL		Transaction ID: SB21B.40844 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period 26417.46
City ASHBURN State VA Zip Code 20147	Purpose of Disbursement ADJUSTMENT 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. MDI IMAGING & MAIL		Transaction ID: SB21B.40862 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 21721-A FILIGREE CT		Amount of Each Disbursement this Period -26417.46
City ASHBURN State VA Zip Code 20147	Purpose of Disbursement REVERSAL 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. OMEGA LIST COMPANY		Transaction ID: SB21B.40550 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 1420 SPRING HILL RD STE 490		Amount of Each Disbursement this Period 11075.02
City MCLEAN State VA Zip Code 22102	Purpose of Disbursement LIST RENTALS 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) ▶	11075.02
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. OMEGA LIST COMPANY		Transaction ID: SB21B.40553 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement LIST RENTALS	<input type="text" value="003"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="757.50"/>

Full Name (Last, First, Middle Initial) B. OMEGA LIST COMPANY		Transaction ID: SB21B.40559 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement LIST RENTALS	<input type="text" value="003"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="810.00"/>

Full Name (Last, First, Middle Initial) C. OMEGA LIST COMPANY		Transaction ID: SB21B.40572 Date of Disbursement
Mailing Address 1420 SPRING HILL RD STE 490		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement LIST RENTALS	<input type="text" value="003"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="4532.93"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6100.43"/>
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 68 / 83

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

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

Full Name (Last, First, Middle Initial) A. OMEGA LIST COMPANY		Transaction ID: SB21B.40599
Mailing Address 1420 SPRING HILL RD STE 490		Date of Disbursement MM / DD / YYYY 06 / 26 / 2006
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement LIST RENTALS	Amount of Each Disbursement this Period 4435.16	
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. OMEGA LIST COMPANY		Transaction ID: SB21B.40846
Mailing Address 1420 SPRING HILL RD STE 490		Date of Disbursement MM / DD / YYYY 06 / 30 / 2006
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement ADJUSTMENT	Amount of Each Disbursement this Period 21610.61	
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. OMEGA LIST COMPANY		Transaction ID: SB21B.40863
Mailing Address 1420 SPRING HILL RD STE 490		Date of Disbursement MM / DD / YYYY 06 / 30 / 2006
City MCLEAN	State VA	Zip Code 22102
Purpose of Disbursement REVERSAL	Amount of Each Disbursement this Period -21610.61	
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) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	▶	4435.16
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PREMIER FULFILLMENT & PROCESSING, INC.

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement
CAGING & ESCROW

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.40551

Date of Disbursement

04 / 24 / 2006

Amount of Each Disbursement this Period

1755.21

Full Name (Last, First, Middle Initial)

B. PREMIER FULFILLMENT & PROCESSING, INC.

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement
CAGING & ESCROW

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.40560

Date of Disbursement

05 / 01 / 2006

Amount of Each Disbursement this Period

1224.73

Full Name (Last, First, Middle Initial)

C. PREMIER FULFILLMENT & PROCESSING, INC.

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement
CAGING & ESCROW

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.40561

Date of Disbursement

05 / 01 / 2006

Amount of Each Disbursement this Period

125.54

SUBTOTAL of Disbursements This Page (optional) ►

3105.48

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. PREMIER FULFILLMENT & PROCESSING, INC.		Transaction ID: SB21B.40584 Date of Disbursement																				
Mailing Address 4841 DILLON DR		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	9		2	0	0	6													
City PUEBLO	State CO	Zip Code 81008																				
Purpose of Disbursement CAGING & ESCROW	<table border="1"><tr><td>001</td></tr></table> Category/Type		001																			
001																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

665.94

Full Name (Last, First, Middle Initial) B. PREMIER FULFILLMENT & PROCESSING INC		Transaction ID: SB21B.40848 Date of Disbursement																				
Mailing Address 4841 DILLON DR		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		3	0		2	0	0	6													
City PUEBLO	State CO	Zip Code 81008																				
Purpose of Disbursement ADJUSTMENT	<table border="1"><tr><td>001</td></tr></table> Category/Type		001																			
001																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

3771.42

Full Name (Last, First, Middle Initial) C. RPA LIMITED PARTNERS		Transaction ID: SB21B.40563 Date of Disbursement																				
Mailing Address 1420 SPRING HILL ROAD, SUITE 490		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	8		2	0	0	6													
City MCLEAN	State VA	Zip Code 22102																				
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<table border="1"><tr><td>003</td></tr></table> Category/Type		003																			
003																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

4545.00

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>8982.36</td></tr></table>	8982.36
8982.36		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. RPA LIMITED PARTNERS		Transaction ID: SB21B.40587 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 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.40588 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 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) C. RPA LIMITED PARTNERS		Transaction ID: SB21B.40589 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	13771.35
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. RPA LIMITED PARTNERS		Transaction ID: SB21B.40590 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 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.40591 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 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) C. RPA LIMITED PARTNERS		Transaction ID: SB21B.40592 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	13771.35
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. RPA LIMITED PARTNERS		Transaction ID: SB21B.40593 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 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	
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) ▼
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name		

Full Name (Last, First, Middle Initial) B. RST MARKETING		Transaction ID: SB21B.40539 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 1272 CORPORATE PARK RD		Amount of Each Disbursement this Period 3450.00
City FOREST State VA Zip Code 24551	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name		

Full Name (Last, First, Middle Initial) C. RST MARKETING		Transaction ID: SB21B.40567 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 1272 CORPORATE PARK RD		Amount of Each Disbursement this Period 12127.00
City FOREST State VA Zip Code 24551	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name		

SUBTOTAL of Disbursements This Page (optional) ▶	20167.45
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. RST MARKETING		Transaction ID: SB21B.40568	
Mailing Address 1272 CORPORATE PARK RD		Date of Disbursement MM / DD / YYYY 05 / 30 / 2006	
City FOREST	State VA	Zip Code 24551	Amount of Each Disbursement this Period 333.00
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL		003	Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. RST MARKETING		Transaction ID: SB21B.40577	
Mailing Address 1272 CORPORATE PARK RD		Date of Disbursement MM / DD / YYYY 06 / 07 / 2006	
City FOREST	State VA	Zip Code 24551	Amount of Each Disbursement this Period 1065.00
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL		003	Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. RST MARKETING		Transaction ID: SB21B.40586	
Mailing Address 1272 CORPORATE PARK RD		Date of Disbursement MM / DD / YYYY 06 / 22 / 2006	
City FOREST	State VA	Zip Code 24551	Amount of Each Disbursement this Period 6616.00
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL		003	Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	8014.00
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

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

Full Name (Last, First, Middle Initial) A. RST MARKETING		Transaction ID: SB21B.40601 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 1272 CORPORATE PARK RD		Amount of Each Disbursement this Period 940.00
City FOREST State VA Zip Code 24551	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) B. WELLS FARGO BANK		Transaction ID: SB21B.40866 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address PO BOX 5247		Amount of Each Disbursement this Period 209.57
City DENVER State CO Zip Code 80274	Purpose of Disbursement ACCOUNT ANALYSIS CHARGE 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) C. WELLS FARGO BANK		Transaction ID: SB21B.40867 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address PO BOX 5247		Amount of Each Disbursement this Period 200.61
City DENVER State CO Zip Code 80274	Purpose of Disbursement ACCOUNT ANALYSIS CHARGE 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

SUBTOTAL of Disbursements This Page (optional) ▶	1350.18
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. WELLS FARGO BANK		Transaction ID: SB21B.40868
Mailing Address PO BOX 5247		Date of Disbursement MM / DD / YYYY 06 / 20 / 2006
City DENVER	State CO	Zip Code 80274
Purpose of Disbursement ACCOUNT ANALYSIS CHARGE		Amount of Each Disbursement this Period 258.57
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type 001
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) B. WEST END PRINTING		Transaction ID: SB21B.40541
Mailing Address 1619 SHERWOOD AVE		Date of Disbursement MM / DD / YYYY 04 / 03 / 2006
City RICHMOND	State VA	Zip Code 23220
Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL		Amount of Each Disbursement this Period 10000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type 003
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) C. WEST END PRINTING		Transaction ID: SB21B.40852
Mailing Address 1619 SHERWOOD AVE		Date of Disbursement MM / DD / YYYY 06 / 30 / 2006
City RICHMOND	State VA	Zip Code 23220
Purpose of Disbursement ADJUSTMENT		Amount of Each Disbursement this Period 10000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/ Type 003
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	20258.57
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 77 / 83

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

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

Full Name (Last, First, Middle Initial)
A. WEST END PRINTING

Transaction ID: SB21B.40865

Date of Disbursement

Mailing Address 1619 SHERWOOD AVE

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

City RICHMOND State VA Zip Code 23220

Amount of Each Disbursement this Period

-10000.00

Purpose of Disbursement
REVERSAL

003
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

-10000.00

TOTAL This Period (last page this line number only)

282374.13

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 78 / 83 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)
 AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Transaction ID: SC/10.11562

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 2100.00	Balance Outstanding at Close of This Period 900.00
------------------------------------	---------------------------------------	---

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="900.00"/>
TOTALS This Period (last page in this line only) ▶	<input style="width: 100%;" type="text" value="900.00"/>
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 4149.58	Transaction ID: SD10.40707	
Amount Incurred This Period 65724.13	Payment This Period 58059.72	Outstanding Balance at Close of This Period 11813.99

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 32461.11	Transaction ID: SD10.11517	
Amount Incurred This Period 45358.43	Payment This Period 32511.11	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 0.00	Transaction ID: SD10.11518	
Amount Incurred This Period 8244.55	Payment This Period 5100.00	Outstanding Balance at Close of This Period 3144.55

1) SUBTOTALS This Period This Page (optional).....	▶	60266.97
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 14368.15	Transaction ID: SD10.40711	
Amount Incurred This Period 25320.15	Payment This Period 14368.15	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 13432.10	Transaction ID: SD10.40713	
Amount Incurred This Period 16101.30	Payment This Period 13432.10	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 1847.88	Transaction ID: SD10.40714	
Amount Incurred This Period 75.00	Payment This Period 1847.88	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 5855.21	Transaction ID: SD10.11519	
Amount Incurred This Period 14646.48	Payment This Period 5855.21	Outstanding Balance at Close of This Period 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 2225.00	Transaction ID: SD10.40717	
Amount Incurred This Period 2585.00	Payment This Period 2225.00	Outstanding Balance at Close of This Period 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 2058.00	Transaction ID: SD10.40719	
Amount Incurred This Period 3113.25	Payment This Period 2058.00	Outstanding Balance at Close of This Period 3113.25

1) SUBTOTALS This Period This Page (optional).....	▶	20344.73
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 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 6615.05	Transaction ID: SD10.11520	
Amount Incurred This Period 31482.39	Payment This Period 26417.46	Outstanding Balance at Close of This Period 11679.98

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 20278.11	Transaction ID: SD10.11521	
Amount Incurred This Period 37078.08	Payment This Period 21610.61	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 3771.42	Transaction ID: SD10.11522	
Amount Incurred This Period 6419.67	Payment This Period 3771.42	Outstanding Balance at Close of This Period 6419.67

1) SUBTOTALS This Period This Page (optional).....	▶	53845.23
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 0.00	Transaction ID: SD10.11523	
Amount Incurred This Period 2843.40	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 10000.00	Transaction ID: SD10.11524	
Amount Incurred This Period 12135.90	Payment This Period 10000.00	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).....	190932.68
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)	