

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) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2007 through 12 31 2007

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

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer Electronically Filed by SCOTT B MACKENZIE Date 02 04 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		29643.66
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	47815.06									
(c) Total Receipts (from Line 19)	220064.73	620324.45								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	267879.79	649968.11								
7. Total Disbursements (from Line 31)	265409.66	647497.98								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2470.13	2470.13								
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)	115097.50									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	20233.00	46793.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	162628.82	498325.37
(iii) TOTAL (add Lines 11(a)(i) and (ii)	182861.82	545118.37
(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)	182861.82	545118.37
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	5000.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	4096.35	6071.97
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	33106.56	64134.11
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))	220064.73	620324.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	220064.73	620324.45

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.....	257077.66	632382.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	257077.66	632382.98
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.....	3332.00	4165.00
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.....	5000.00	10950.00
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))..	265409.66	647497.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	265409.66	647497.98

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	182861.82	545118.37
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	182861.82	545118.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	257077.66	632382.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	4096.35	6071.97
38. Net Operating Expenditures (subtract Line 37 from Line 36)	252981.31	626311.01

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

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

FOR LINE NUMBER: PAGE 6 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MR DON E ACKERMAN 341

Mailing Address 24311 WALDEN CENTER DR

City State Zip Code
BONITA SPRINGS FL 34134

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

Name of Employer Occupation
CHANDELLE VENTURES INC EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.38329

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.39851

Amount of Each Receipt this Period
417.00

C. Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 427.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.39856

Amount of Each Receipt this Period
2.00

SUBTOTAL of Receipts This Page (optional) ► **669.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ANON ANON 810
Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
430.00

Date of Receipt

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

Transaction ID: SA11AI.39857
 Amount of Each Receipt this Period
3.00

B. Full Name (Last, First, Middle Initial)
ANON ANON 810
Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
436.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	7

Transaction ID: SA11AI.39769
 Amount of Each Receipt this Period
6.00

C. Full Name (Last, First, Middle Initial)
ANON ANON 810
Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
456.00

Date of Receipt

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

Transaction ID: SA11AI.39770
 Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **29.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 113
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
762.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2007

Transaction ID: SA11AI.39852

Amount of Each Receipt this Period
306.00

B.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
764.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2007

Transaction ID: SA11AI.39845

Amount of Each Receipt this Period
2.00

C.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
766.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2007

Transaction ID: SA11AI.39846

Amount of Each Receipt this Period
2.00

SUBTOTAL of Receipts This Page (optional) ▶ **310.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
768.00

Date of Receipt

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

Transaction ID: SA11AI.39847

Amount of Each Receipt this Period
2.00

B. Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
771.00

Date of Receipt

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

Transaction ID: SA11AI.39849

Amount of Each Receipt this Period
3.00

C. Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
966.00

Date of Receipt

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

Transaction ID: SA11AI.39858

Amount of Each Receipt this Period
195.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 968.00

Date of Receipt: 07 / 27 / 2007
Transaction ID: SA11AI.39848
 Amount of Each Receipt this Period: 2.00

B. Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1054.00

Date of Receipt: 07 / 27 / 2007
Transaction ID: SA11AI.39854
 Amount of Each Receipt this Period: 86.00

C. Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1056.00

Date of Receipt: 07 / 27 / 2007
Transaction ID: SA11AI.39859
 Amount of Each Receipt this Period: 2.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1058.00

Date of Receipt: 07 / 30 / 2007
Transaction ID: SA11AI.39853
 Amount of Each Receipt this Period: 2.00

B. Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1060.00

Date of Receipt: 07 / 30 / 2007
Transaction ID: SA11AI.39855
 Amount of Each Receipt this Period: 2.00

C. Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1151.00

Date of Receipt: 07 / 30 / 2007
Transaction ID: SA11AI.39860
 Amount of Each Receipt this Period: 91.00

SUBTOTAL of Receipts This Page (optional) ► 95.00

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

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

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FOR LINE NUMBER: PAGE 12 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ANON ANON 810
Mailing Address 4841 DILLON DR
City PUEBLO State CO Zip Code 81008
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1257.00
Date of Receipt 07 / 31 / 2007
Transaction ID: SA11AI.39791
Amount of Each Receipt this Period 106.00

B. Full Name (Last, First, Middle Initial)
ANON ANON 810
Mailing Address 4841 DILLON DR
City PUEBLO State CO Zip Code 81008
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1259.00
Date of Receipt 07 / 31 / 2007
Transaction ID: SA11AI.39792
Amount of Each Receipt this Period 2.00

C. Full Name (Last, First, Middle Initial)
ANON ANON 810
Mailing Address 4841 DILLON DR
City PUEBLO State CO Zip Code 81008
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1261.00
Date of Receipt 07 / 31 / 2007
Transaction ID: SA11AI.39793
Amount of Each Receipt this Period 2.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 113
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1276.00

Date of Receipt: 08 / 01 / 2007
Transaction ID: SA11AI.39795
Amount of Each Receipt this Period: 15.00

B.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1308.00

Date of Receipt: 08 / 02 / 2007
Transaction ID: SA11AI.39806
Amount of Each Receipt this Period: 32.00

C.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1310.00

Date of Receipt: 08 / 03 / 2007
Transaction ID: SA11AI.39789
Amount of Each Receipt this Period: 2.00

SUBTOTAL of Receipts This Page (optional) ► 49.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 113
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1334.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 03 / 2007

Transaction ID: SA11AI.39797

Amount of Each Receipt this Period

24.00

B.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1376.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 06 / 2007

Transaction ID: SA11AI.39800

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1379.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 07 / 2007

Transaction ID: SA11AI.39801

Amount of Each Receipt this Period

3.00

SUBTOTAL of Receipts This Page (optional)

69.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 113

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City	State	Zip Code
PUEBLO	CO	81008

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

Name of Employer Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1390.00

Date of Receipt

MM / DD / YYYY
08 / 08 / 2007

Transaction ID: SA11AI.39802

Amount of Each Receipt this Period

11.00

B.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City	State	Zip Code
PUEBLO	CO	81008

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

Name of Employer Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1394.00

Date of Receipt

MM / DD / YYYY
08 / 09 / 2007

Transaction ID: SA11AI.39803

Amount of Each Receipt this Period

4.00

C.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City	State	Zip Code
PUEBLO	CO	81008

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

Name of Employer Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1406.00

Date of Receipt

MM / DD / YYYY
08 / 10 / 2007

Transaction ID: SA11AI.39804

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional) ▶

27.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ANON ANON 810
Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1428.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	7

Transaction ID: SA11AI.39805
 Amount of Each Receipt this Period
22.00

B. Full Name (Last, First, Middle Initial)
ANON ANON 810
Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1435.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	4	/	2	0	0	7

Transaction ID: SA11AI.39780
 Amount of Each Receipt this Period
7.00

C. Full Name (Last, First, Middle Initial)
ANON ANON 810
Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1438.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	7

Transaction ID: SA11AI.39778
 Amount of Each Receipt this Period
3.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 113
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1455.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2007

Transaction ID: SA11AI.39796

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1463.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 17 / 2007

Transaction ID: SA11AI.39773

Amount of Each Receipt this Period

8.00

C.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1471.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 20 / 2007

Transaction ID: SA11AI.39774

Amount of Each Receipt this Period

8.00

SUBTOTAL of Receipts This Page (optional) ▶

33.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 113
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1473.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2007

Transaction ID: SA11AI.39776

Amount of Each Receipt this Period

2.00

B.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1475.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2007

Transaction ID: SA11AI.39777

Amount of Each Receipt this Period

2.00

C.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1476.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 22 / 2007

Transaction ID: SA11AI.39779

Amount of Each Receipt this Period

1.00

SUBTOTAL of Receipts This Page (optional) ▶

5.00

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 113
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1479.00

Date of Receipt: 08 / 23 / 2007
Transaction ID: SA11AI.39782
 Amount of Each Receipt this Period: 3.00

B.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1485.00

Date of Receipt: 08 / 24 / 2007
Transaction ID: SA11AI.39787
 Amount of Each Receipt this Period: 6.00

C.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1494.00

Date of Receipt: 08 / 27 / 2007
Transaction ID: SA11AI.39814
 Amount of Each Receipt this Period: 9.00

SUBTOTAL of Receipts This Page (optional) ► 18.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 113
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1498.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2007

Transaction ID: SA11AI.39842

Amount of Each Receipt this Period
4.00

B.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1501.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2007

Transaction ID: SA11AI.39798

Amount of Each Receipt this Period
3.00

C.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1503.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: SA11AI.39827

Amount of Each Receipt this Period
2.00

SUBTOTAL of Receipts This Page (optional) ► **9.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 113

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1506.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	7

Transaction ID: SA11AI.39786

Amount of Each Receipt this Period
3.00

B.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1509.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	7

Transaction ID: SA11AI.39832

Amount of Each Receipt this Period
3.00

C.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1559.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	7

Transaction ID: SA11AI.39843

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) 56.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 113
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1561.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2007

Transaction ID: SA11AI.39834

Amount of Each Receipt this Period
2.00

B. Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1563.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2007

Transaction ID: SA11AI.39825

Amount of Each Receipt this Period
2.00

C. Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1565.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2007

Transaction ID: SA11AI.39837

Amount of Each Receipt this Period
2.00

SUBTOTAL of Receipts This Page (optional) ▶ **6.00**

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

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

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

FOR LINE NUMBER: PAGE 23 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1568.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	0	/	2	0	0	7

Transaction ID: SA11AI.39838

Amount of Each Receipt this Period
3.00

B. Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1572.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	1	/	2	0	0	7

Transaction ID: SA11AI.39839

Amount of Each Receipt this Period
4.00

C. Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	2	/	2	0	0	7

Transaction ID: SA11AI.39840

Amount of Each Receipt this Period
3.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 113
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1578.00

Date of Receipt: 09 / 17 / 2007
Transaction ID: SA11AI.39841
 Amount of Each Receipt this Period: 3.00

B.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1579.00

Date of Receipt: 09 / 18 / 2007
Transaction ID: SA11AI.39816
 Amount of Each Receipt this Period: 1.00

C.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1581.00

Date of Receipt: 09 / 19 / 2007
Transaction ID: SA11AI.39835
 Amount of Each Receipt this Period: 2.00

SUBTOTAL of Receipts This Page (optional) ► 6.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 113
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1582.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 20 / 2007

Transaction ID: SA11AI.39833

Amount of Each Receipt this Period

1.00

B.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1585.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2007

Transaction ID: SA11AI.39808

Amount of Each Receipt this Period

3.00

C.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1586.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 25 / 2007

Transaction ID: SA11AI.39809

Amount of Each Receipt this Period

1.00

SUBTOTAL of Receipts This Page (optional) ▶

5.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1588.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	6	/	2	0	0	7

Transaction ID: SA11AI.39810

Amount of Each Receipt this Period
2.00

B. Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1608.00

Date of Receipt

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

Transaction ID: SA11AI.39811

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1609.00

Date of Receipt

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

Transaction ID: SA11AI.39812

Amount of Each Receipt this Period
1.00

SUBTOTAL of Receipts This Page (optional) ► **23.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 113
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1610.00

Date of Receipt

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

Transaction ID: SA11AI.39813

Amount of Each Receipt this Period

1.00

B.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1611.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.39815

Amount of Each Receipt this Period

1.00

C.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1612.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.39824

Amount of Each Receipt this Period

1.00

SUBTOTAL of Receipts This Page (optional)

3.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 113
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1613.00

Date of Receipt

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

Transaction ID: SA11AI.39817

Amount of Each Receipt this Period

1.00

B.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1633.00

Date of Receipt

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

Transaction ID: SA11AI.39818

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1634.00

Date of Receipt

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

Transaction ID: SA11AI.39820

Amount of Each Receipt this Period

1.00

SUBTOTAL of Receipts This Page (optional) ▶

22.00

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 113
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ANON ANON 810		Date of Receipt MM / DD / YYYY 10 / 11 / 2007	
	Mailing Address 4841 DILLON DR		Transaction ID: SA11AI.39822	
	City PUEBLO	State CO	Zip Code 81008	Amount of Each Receipt this Period 5.00
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1639.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

B.	Full Name (Last, First, Middle Initial) ANON ANON 810		Date of Receipt MM / DD / YYYY 10 / 16 / 2007	
	Mailing Address 4841 DILLON DR		Transaction ID: SA11AI.39823	
	City PUEBLO	State CO	Zip Code 81008	Amount of Each Receipt this Period 5.00
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1644.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

C.	Full Name (Last, First, Middle Initial) ANON ANON 810		Date of Receipt MM / DD / YYYY 10 / 22 / 2007	
	Mailing Address 4841 DILLON DR		Transaction ID: SA11AI.39821	
	City PUEBLO	State CO	Zip Code 81008	Amount of Each Receipt this Period 1.00
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1645.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional)	11.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 113
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt: 10 / 23 / 2007
Transaction ID: SA11AI.39819
 Amount of Each Receipt this Period: 5.00

B.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1651.00

Date of Receipt: 10 / 25 / 2007
Transaction ID: SA11AI.39807
 Amount of Each Receipt this Period: 1.00

C.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1661.00

Date of Receipt: 11 / 02 / 2007
Transaction ID: SA11AI.39836
 Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ► 16.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 113
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1662.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2007

Transaction ID: SA11AI.39829

Amount of Each Receipt this Period
1.00

B.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1663.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2007

Transaction ID: SA11AI.39830

Amount of Each Receipt this Period
1.00

C.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1664.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2007

Transaction ID: SA11AI.39831

Amount of Each Receipt this Period
1.00

SUBTOTAL of Receipts This Page (optional) ▶ **3.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 113
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1665.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2007

Transaction ID: SA11AI.39828

Amount of Each Receipt this Period
1.00

B.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1666.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: SA11AI.39785

Amount of Each Receipt this Period
1.00

C.

Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1667.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: SA11AI.39826

Amount of Each Receipt this Period
1.00

SUBTOTAL of Receipts This Page (optional) ▶ **3.00**

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

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

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

FOR LINE NUMBER: PAGE 33 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ANON ANON 810
Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1668.00

Date of Receipt

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

Transaction ID: SA11AI.39783
 Amount of Each Receipt this Period
1.00

B. Full Name (Last, First, Middle Initial)
ANON ANON 810
Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1670.00

Date of Receipt

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

Transaction ID: SA11AI.39784
 Amount of Each Receipt this Period
2.00

C. Full Name (Last, First, Middle Initial)
ANON ANON 810
Mailing Address 4841 DILLON DR

City State Zip Code
PUEBLO CO 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1671.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	7

Transaction ID: SA11AI.39781
 Amount of Each Receipt this Period
1.00

SUBTOTAL of Receipts This Page (optional) ▶ **4.00**

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

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

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

FOR LINE NUMBER: PAGE 34 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ANON ANON 810
Mailing Address 4841 DILLON DR
City PUEBLO State CO Zip Code 81008
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1672.00
Date of Receipt 11 / 20 / 2007
Transaction ID: SA11AI.39771
Amount of Each Receipt this Period 1.00

B. Full Name (Last, First, Middle Initial)
ANON ANON 810
Mailing Address 4841 DILLON DR
City PUEBLO State CO Zip Code 81008
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1673.00
Date of Receipt 11 / 21 / 2007
Transaction ID: SA11AI.39788
Amount of Each Receipt this Period 1.00

C. Full Name (Last, First, Middle Initial)
ANON ANON 810
Mailing Address 4841 DILLON DR
City PUEBLO State CO Zip Code 81008
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1674.00
Date of Receipt 11 / 28 / 2007
Transaction ID: SA11AI.39775
Amount of Each Receipt this Period 1.00

SUBTOTAL of Receipts This Page (optional) ▶ 3.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 113
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1684.00

Date of Receipt: 12 / 10 / 2007
Transaction ID: SA11AI.39799
 Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1685.00

Date of Receipt: 12 / 17 / 2007
Transaction ID: SA11AI.39794
 Amount of Each Receipt this Period: 1.00

C. Full Name (Last, First, Middle Initial)
ANON ANON 810

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1686.00

Date of Receipt: 12 / 18 / 2007
Transaction ID: SA11AI.39772
 Amount of Each Receipt this Period: 1.00

SUBTOTAL of Receipts This Page (optional) ► 12.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
ANON ANON 810
Mailing Address 4841 DILLON DR
City PUEBLO State CO Zip Code 81008
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1687.00
Date of Receipt 12 / 18 / 2007
Transaction ID: SA11AI.39790
Amount of Each Receipt this Period 1.00

B. Full Name (Last, First, Middle Initial)
MS KAY BACHELLER 334
Mailing Address PO BOX 160
City BOYNTON BEACH State FL Zip Code 33425
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 11 / 2007
Transaction ID: SA11AI.41005
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
MS BARBARA B BAKER 840
Mailing Address 9735 S 500 W
City SANDY State UT Zip Code 84070
FEC ID number of contributing federal political committee. **C**
Name of Employer CHALLENGER SCHOOL Occupation EDUCATOR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 04 / 2007
Transaction ID: SA11AI.33187
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 751.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 37 / 113
(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 BARBARA B BAKER 840
Mailing Address 9735 S 500 W

City State Zip Code
SANDY UT 84070

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

Name of Employer Occupation
CHALLENGER SCHOOL EDUCATOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 7
Transaction ID: SA11AI.33188
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
MRS ANN S BAKER 926
Mailing Address 19191 HARVARD AVE APT 431 A

City State Zip Code
IRVINE CA 92612

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 2 5 / 2 0 0 7
Transaction ID: SA11AI.35961
Amount of Each Receipt this Period 201.00

C. Full Name (Last, First, Middle Initial)
MRS ANN S BAKER 926
Mailing Address 19191 HARVARD AVE APT 431 A

City State Zip Code
IRVINE CA 92612

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 402.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 7
Transaction ID: SA11AI.35964
Amount of Each Receipt this Period 201.00

SUBTOTAL of Receipts This Page (optional) ▶ **602.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 113
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MRS ANN S BAKER 926

Mailing Address 19191 HARVARD AVE APT 431 A

City State Zip Code
IRVINE CA 92612

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 502.00

Date of Receipt

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

Transaction ID: SA11AI.35963

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
MRS ANN S BAKER 926

Mailing Address 19191 HARVARD AVE APT 431 A

City State Zip Code
IRVINE CA 92612

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 703.00

Date of Receipt

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

Transaction ID: SA11AI.35962

Amount of Each Receipt this Period

201.00

C.

Full Name (Last, First, Middle Initial)
MR DONALD BALLOU 057

Mailing Address 256 WEYBRIDGE ST

City State Zip Code
MIDDLEBURY VT 05753

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 251.00

Date of Receipt

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

Transaction ID: SA11AI.39739

Amount of Each Receipt this Period

100.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 113
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MRS SUSAN BRUNOFF 175

Mailing Address 334 W CEDAR ST

City State Zip Code
NEW HOLLAND PA 17557

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
561.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2007

Transaction ID: SA11AI.35517

Amount of Each Receipt this Period
561.00

B.

Full Name (Last, First, Middle Initial)
MRS SUSAN BRUNOFF 175

Mailing Address 334 W CEDAR ST

City State Zip Code
NEW HOLLAND PA 17557

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1122.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2007

Transaction ID: SA11AI.35516

Amount of Each Receipt this Period
561.00

C.

Full Name (Last, First, Middle Initial)
MRS SUSAN BRUNOFF 175

Mailing Address 334 W CEDAR ST

City State Zip Code
NEW HOLLAND PA 17557

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1172.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: SA11AI.35515

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **1172.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 113
(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)
FUMIE BRYCE 985

Mailing Address 4532 INTELCO LOOP SE #354

City State Zip Code
LACEY WA 98503

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: SA11AI.31879

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MR WILLIAM H CLARK 752, III

Mailing Address 3716 MAPLEWOOD AVE

City State Zip Code
DALLAS TX 75205

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2007

Transaction ID: SA11AI.44268

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR J ROBERT DAILEY 110

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
MORGAN & FINNEGAN RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
12 / 05 / 2007

Transaction ID: SA11AI.35338

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **1650.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 113
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MRS MARJORIE DAVIS 043

Mailing Address 6 HUCKLEBERRY LN

City State Zip Code
AUGUSTA ME 04330

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

Name of Employer NONE Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
M M / D D / Y Y Y Y Y
10 05 2007

Transaction ID: SA11AI.39318

Amount of Each Receipt this Period
800.00

B.

Full Name (Last, First, Middle Initial)
MRS MARJORIE DAVIS 043

Mailing Address 6 HUCKLEBERRY LN

City State Zip Code
AUGUSTA ME 04330

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

Name of Employer NONE Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt
M M / D D / Y Y Y Y Y
11 21 2007

Transaction ID: SA11AI.39319

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
MRS MARJORIE DAVIS 043

Mailing Address 6 HUCKLEBERRY LN

City State Zip Code
AUGUSTA ME 04330

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

Name of Employer NONE Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt
M M / D D / Y Y Y Y Y
12 11 2007

Transaction ID: SA11AI.39320

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 113
(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 BREWSTER J DURKEE 322

Mailing Address 5027 RIVER POINT RD

City State Zip Code
JACKSONVILLE FL 32207

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

Name of Employer NONE Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 10 / 2007

Transaction ID: SA11AI.35986

Amount of Each Receipt this Period
200.00

B.

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

Mailing Address 5027 RIVER POINT RD

City State Zip Code
JACKSONVILLE FL 32207

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

Name of Employer NONE Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 12 / 2007

Transaction ID: SA11AI.35985

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
MR ROBERT J EICHENBERG 926

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 ELLISON ED EQ INC Occupation **CO-OWNER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2007

Transaction ID: SA11AI.45154

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 43 / 113
(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 FAILS 802
Mailing Address 965 S MONROE ST
City DENVER State CO Zip Code 80209
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation PETROLEUM GEOLOGIST
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00
Date of Receipt 08 / 27 / 2007
Transaction ID: SA11AI.39763
Amount of Each Receipt this Period 201.00

B. Full Name (Last, First, Middle Initial)
MARION FRANK 448
Mailing Address 6948 TOWNSHIP ROAD 451
City LOUDONVILLE State OH Zip Code 44842
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 05 / 2007
Transaction ID: SA11AI.40590
Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
MARION FRANK 448
Mailing Address 6948 TOWNSHIP ROAD 451
City LOUDONVILLE State OH Zip Code 44842
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 12 / 04 / 2007
Transaction ID: SA11AI.40588
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 451.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 44 / 113

(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 STEVEN J FRISBIE 496
Mailing Address 616 HOLLY RD

City State Zip Code
CADILLAC MI 49601

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
09 / 12 / 2007

Transaction ID: SA11AI.40799

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
MR PHILIP O GELER 452, JR
Mailing Address 6000 REDBIRD HOLLOW LN

City State Zip Code
CINCINNATI OH 45243

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 14 / 2007

Transaction ID: SA11AI.42198

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MR RICHARD GFIFFITH 705
Mailing Address PO BOX 91610

City State Zip Code
LAFAYETTE LA 70509

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
09 / 04 / 2007

Transaction ID: SA11AI.41112

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

400.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MRS DOROTHY G GRIFFIN 134
Mailing Address 8209 PHILLIPS RD
City ROME State NY Zip Code 13440
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 08 / 02 / 2007
Transaction ID: SA11AI.33807
Amount of Each Receipt this Period 201.00

B. Full Name (Last, First, Middle Initial)
MS SUZANNE GOTTLIEB 902
Mailing Address 617 N MAPLE DR
City BEVERLY HILLS State CA Zip Code 90210
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation PROPERTY MANAGEMENT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 10 / 03 / 2007
Transaction ID: SA11AI.40783
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT B GREEN 945
Mailing Address 335 SAINT ANDREWS DR
City NAPA State CA Zip Code 94558
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 08 / 21 / 2007
Transaction ID: SA11AI.45095
Amount of Each Receipt this Period 201.00

SUBTOTAL of Receipts This Page (optional) ▶ **652.00**
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 46 / 113
(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 WESLEY GROW 194

Mailing Address 248 MINERAL ST

City State Zip Code
POTTSTOWN PA 19464

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2007

Transaction ID: SA11AI.37368

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
MR WESLEY GROW 194

Mailing Address 248 MINERAL ST

City State Zip Code
POTTSTOWN PA 19464

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 21 / 2007

Transaction ID: SA11AI.37369

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR WESLEY GROW 194

Mailing Address 248 MINERAL ST

City State Zip Code
POTTSTOWN PA 19464

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
11 / 28 / 2007

Transaction ID: SA11AI.37371

Amount of Each Receipt this Period
200.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 113

(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)
DR SIG T HANSEN 981, JR

Mailing Address 2563 MAGNOLIA BLVD W

City State Zip Code
SEATTLE WA 98199

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

Name of Employer Occupation
DOCTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.31859

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
MS BETTY HARTSIG 080

Mailing Address 415 YORKSHIRE RD

City State Zip Code
CHERRY HILL NJ 08034

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 202.00

Date of Receipt

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

Transaction ID: SA11AI.39550

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
TATNALL LEA HILLMAN 816

Mailing Address 504 W BLEEKER ST

City State Zip Code
ASPEN CO 81611

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.39950

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 113
(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)
DR DARRELL J HOMAN 910
Mailing Address 85 PALM HILL LN

City State Zip Code
BRADBURY CA 91010

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

Name of Employer Occupation
DOCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7
Transaction ID: SA11AI.36384
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
DR DARRELL J HOMAN 910
Mailing Address 85 PALM HILL LN

City State Zip Code
BRADBURY CA 91010

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

Name of Employer Occupation
DOCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 251.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7
Transaction ID: SA11AI.36385
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
MRS CORNELIA D JAHNAKE 068
Mailing Address 125 W LYON FARM DR

City State Zip Code
GREENWICH CT 06831

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7
Transaction ID: SA11AI.37055
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 113
(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) E L JONES 282, JR		Date of Receipt MM / DD / YYYY 09 / 04 / 2007	
Mailing Address 7035 MARCHING DUCK DR VILLA E406		Transaction ID: SA11AI.36327	
City CHARLOTTE	State NC	Zip Code 28210	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer NONE	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.00		

B.

Full Name (Last, First, Middle Initial) E L JONES 282, JR		Date of Receipt MM / DD / YYYY 10 / 10 / 2007	
Mailing Address 7035 MARCHING DUCK DR VILLA E406		Transaction ID: SA11AI.36326	
City CHARLOTTE	State NC	Zip Code 28210	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer NONE	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 301.00		

C.

Full Name (Last, First, Middle Initial) MR RALPH W KAUFMANN 175		Date of Receipt MM / DD / YYYY 08 / 17 / 2007	
Mailing Address 950 WILLOW VALLEY LAKES DR #K-202		Transaction ID: SA11AI.40603	
City WILLOW STREET	State PA	Zip Code 17584	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer NONE	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 113
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MRS CARROLL K KING 085

Mailing Address 2432 WINDROW DR

City State Zip Code
PRINCETON NJ 08540

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.00

Date of Receipt

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

Transaction ID: SA11AI.35506

Amount of Each Receipt this Period

1.00

B.

Full Name (Last, First, Middle Initial)
J A KITZMAN 919

Mailing Address 10558 GRANDVIEW DR

City State Zip Code
LA MESA CA 91941

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 7 / 1 6 / 2 0 0 7

Transaction ID: SA11AI.41354

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
J A KITZMAN 919

Mailing Address 10558 GRANDVIEW DR

City State Zip Code
LA MESA CA 91941

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.41355

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) ▶

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

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

FOR LINE NUMBER: PAGE 51 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
MR WALTER H KLEINER 980
Mailing Address 1725 89TH PL N E
City State Zip Code
CLYDE HILL WA 98004
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 438.00
Date of Receipt: 12 / 18 / 2007
Transaction ID: SA11AI.44681
Amount of Each Receipt this Period: 263.00

B. Full Name (Last, First, Middle Initial)
MS SUSAN KOTTA 115
Mailing Address 33 LITTLEWORTH LN
City State Zip Code
SEA CLIFF NY 11579
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00
Date of Receipt: 11 / 09 / 2007
Transaction ID: SA11AI.39999
Amount of Each Receipt this Period: 102.00

C. Full Name (Last, First, Middle Initial)
MS SUSAN KOTTA 115
Mailing Address 33 LITTLEWORTH LN
City State Zip Code
SEA CLIFF NY 11579
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 278.00
Date of Receipt: 12 / 10 / 2007
Transaction ID: SA11AI.40000
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 415.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 113
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MRS JANE B LAIRD 198

Mailing Address 4031 KENNETT PIKE APT 163

City State Zip Code
WILMINGTON DE 19807

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
1	1	/	0	6	/	2	0	0	7

Transaction ID: SA11AI.33134

Amount of Each Receipt this Period

116.00

B.

Full Name (Last, First, Middle Initial)
MARY JO MANNING 787

Mailing Address 231 PALISADE DR

City State Zip Code
AUSTIN TX 78737

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.00

Date of Receipt

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

Transaction ID: SA11AI.45172

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MR JOHN P MCBRIDE 816

Mailing Address 303 E. ABC

City State Zip Code
ASPEN CO 81611

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	4	/	2	0	0	7

Transaction ID: SA11AI.40260

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

466.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 113
(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 P MCBRIDE 816

Mailing Address 303 E. ABC

City ASPEN State CO Zip Code 81611

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 07 / 2007
Transaction ID: SA11AI.40261
 Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
MRS JUDITH MEYERS 070

Mailing Address 51 N MAIN ST APT A35

City BOONTON State NJ Zip Code 07005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 213.00

Date of Receipt: 10 / 10 / 2007
Transaction ID: SA11AI.31819
 Amount of Each Receipt this Period: 71.00

C. Full Name (Last, First, Middle Initial)
MR JOSEPH H MOORE 853

Mailing Address PO BOX 5132

City SUN CITY WEST State AZ Zip Code 85376

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 301.00

Date of Receipt: 10 / 05 / 2007
Transaction ID: SA11AI.32145
 Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ► 471.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 113
(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 CARL NEFF 442

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 NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 22 / 2007

Transaction ID: SA11AI.35141

Amount of Each Receipt this Period
201.00

B.

Full Name (Last, First, Middle Initial)
MRS WILMA NIXON 440

Mailing Address 8701 MAYFIELD RD LOT 121

City State Zip Code
CHESTERLAND OH 44026

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 272.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 03 / 2007

Transaction ID: SA11AI.35173

Amount of Each Receipt this Period
242.00

C.

Full Name (Last, First, Middle Initial)
MR RAY P ODEN 711, JR

Mailing Address 702 THORA BLVD

City State Zip Code
SHREVEPORT LA 71106

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 07 / 2007

Transaction ID: SA11AI.31716

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1443.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 113

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MS PATTI PAGE 920

Mailing Address 404 LOMA LARGA DR

City State Zip Code
SOLANA BEACH CA 92075

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
1	0		0	2		2	0	0	7

Transaction ID: SA11AI.42439

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
MR THEODORE J RISCH 601

Mailing Address 545 INGALTON AVE

City State Zip Code
WEST CHICAGO IL 60185

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
306.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	7

Transaction ID: SA11AI.45157

Amount of Each Receipt this Period

204.00

C.

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

Mailing Address 393 DORCHESTER RD

City State Zip Code
LYME NH 03768

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: SA11AI.38765

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1454.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 113
(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 ANTHONY RYAN 037

Mailing Address 393 DORCHESTER RD

City State Zip Code
LYME NH 03768

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

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

Transaction ID: SA11AI.38764

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
MR JACK B RYAN 799

Mailing Address 6130 LOS FELINOS CIR

City State Zip Code
EL PASO TX 79912

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

Name of Employer Occupation
RANCHO RUIDOSO CORP REAL ESTATE INVESTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 501.00

Date of Receipt

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

Transaction ID: SA11AI.33212

Amount of Each Receipt this Period

501.00

C.

Full Name (Last, First, Middle Initial)
ELIZABETH SCHAFFER 921

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
NONE HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 501.00

Date of Receipt

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

Transaction ID: SA11AI.38653

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1501.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 113

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MR ROBERT E SMITH 600

Mailing Address 122 N SYLVAN DR

City State Zip Code
MUNDELEIN IL 60060

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
09 / 28 / 2007

Transaction ID: SA11AI.34013

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)
MRS SARAH B WILSON 142

Mailing Address 715 RENAISSANCE DR APT 205

City State Zip Code
WILLIAMSVILLE NY 14221

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 06 / 2007

Transaction ID: SA11AI.35638

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MR TIM WORD 781

Mailing Address P O BOX 310330

City State Zip Code
NEW BRAUNFELS TX 78131

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

Name of Employer Occupation
DEAN WORD CO EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 06 / 2007

Transaction ID: SA11AI.37762

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 113
	(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) ROBERT ZAITLIN 900		Date of Receipt
Mailing Address 118 S CLIFFWOOD AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code LOS ANGELES CA 90049		<input type="text"/> 1 0 / <input type="text"/> 1 0 / <input type="text"/> 2 0 0 7
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Transaction ID: SA11AI.36629
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		<input type="text"/> 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 300.00

B.

Full Name (Last, First, Middle Initial) ROBERT ZAITLIN 900		Date of Receipt
Mailing Address 118 S CLIFFWOOD AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code LOS ANGELES CA 90049		<input type="text"/> 1 2 / <input type="text"/> 1 0 / <input type="text"/> 2 0 0 7
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Transaction ID: SA11AI.36628
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		<input type="text"/> 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 300.00
TOTAL This Period (last page this line number only)	<input type="text"/> 20233.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 113

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
CATTERTON PRINTING INC

Mailing Address 100 POST OFFICE ROAD

City State Zip Code
WALDORF MD 20602

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2513.65

Date of Receipt

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

Transaction ID: SA15.45191

Amount of Each Receipt this Period

2513.65

REFUND

B.

Full Name (Last, First, Middle Initial)
RST MARKETING

Mailing Address 1272 CORPORATE PARK RD

City State Zip Code
FOREST VA 24551

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2696.97

Date of Receipt

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

Transaction ID: SA15.45189

Amount of Each Receipt this Period

791.35

REFUND

C.

Full Name (Last, First, Middle Initial)
RST MARKETING

Mailing Address 1272 CORPORATE PARK RD

City State Zip Code
FOREST VA 24551

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3488.32

Date of Receipt

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

Transaction ID: SA15.45190

Amount of Each Receipt this Period

791.35

REFUND

SUBTOTAL of Receipts This Page (optional)

4096.35

TOTAL This Period (last page this line number only)

4096.35

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 113
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35164.93

Date of Receipt
MM / DD / YYYY
08 / 08 / 2007

Transaction ID: SA17.45192

Amount of Each Receipt this Period
4137.38

LIST RENTAL INCOME

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

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
36530.91

Date of Receipt
MM / DD / YYYY
08 / 08 / 2007

Transaction ID: SA17.45193

Amount of Each Receipt this Period
1365.98

LIST RENTAL INCOME

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

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
39365.35

Date of Receipt
MM / DD / YYYY
08 / 18 / 2007

Transaction ID: SA17.45194

Amount of Each Receipt this Period
2834.44

LIST RENTAL INCOME

SUBTOTAL of Receipts This Page (optional) ► **8337.80**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45410.95

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	1	/	2	0	0	7

Transaction ID: SA17.45195

Amount of Each Receipt this Period
6045.60

LIST RENTAL INCOME

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

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
46421.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	1	/	2	0	0	7

Transaction ID: SA17.45196

Amount of Each Receipt this Period
1010.49

LIST RENTAL INCOME

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

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
49681.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	6	/	2	0	0	7

Transaction ID: SA17.45197

Amount of Each Receipt this Period
3260.42

LIST RENTAL INCOME

SUBTOTAL of Receipts This Page (optional) ► **10316.51**

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

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

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

FOR LINE NUMBER: PAGE 62 / 113

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
53675.39

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

Transaction ID: SA17.45198

Amount of Each Receipt this Period
3993.53

LIST RENTAL INCOME

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

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
56376.25

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

Transaction ID: SA17.45199

Amount of Each Receipt this Period
2700.86

LIST RENTAL INCOME

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

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
57596.98

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

Transaction ID: SA17.45200

Amount of Each Receipt this Period
1220.73

LIST RENTAL INCOME

SUBTOTAL of Receipts This Page (optional) ► **7915.12**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 113
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
58536.19

Date of Receipt
MM / DD / YYYY
11 / 01 / 2007

Transaction ID: SA17.45201

Amount of Each Receipt this Period
939.21

LIST RENTAL INCOME

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

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
63411.83

Date of Receipt
MM / DD / YYYY
12 / 01 / 2007

Transaction ID: SA17.45202

Amount of Each Receipt this Period
4875.64

LIST RENTAL INCOME

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

Mailing Address 1420 SPRING HILL RD
STE 490

City State Zip Code
MCLEAN VA 22102

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
64134.11

Date of Receipt
MM / DD / YYYY
12 / 15 / 2007

Transaction ID: SA17.45203

Amount of Each Receipt this Period
722.28

LIST RENTAL INCOME

SUBTOTAL of Receipts This Page (optional) ► **6537.13**

TOTAL This Period (last page this line number only) ► **33106.56**

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31427 Date of Disbursement 07 / 05 / 2007
	Mailing Address 2029 VERDUGO BLVD #1020	Amount of Each Disbursement this Period 2000.00
	City MONTROSE State CA Zip Code 91020	
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31446 Date of Disbursement 07 / 11 / 2007
	Mailing Address 2029 VERDUGO BLVD #1020	Amount of Each Disbursement this Period 500.00
	City MONTROSE State CA Zip Code 91020	
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31429 Date of Disbursement 07 / 19 / 2007
	Mailing Address 2029 VERDUGO BLVD #1020	Amount of Each Disbursement this Period 1000.00
	City MONTROSE State CA Zip Code 91020	
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	3500.00
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

A.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31430 Date of Disbursement 07 / 27 / 2007
	Mailing Address 2029 VERDUGO BLVD #1020	Amount of Each Disbursement this Period 1000.00
	City MONTROSE State CA Zip Code 91020	
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31439 Date of Disbursement 08 / 08 / 2007
	Mailing Address 2029 VERDUGO BLVD #1020	Amount of Each Disbursement this Period 1000.00
	City MONTROSE State CA Zip Code 91020	
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31428 Date of Disbursement 08 / 10 / 2007
	Mailing Address 2029 VERDUGO BLVD #1020	Amount of Each Disbursement this Period 2000.00
	City MONTROSE State CA Zip Code 91020	
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4000.00
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

<p>A. Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER</p> <p>Mailing Address 2029 VERDUGO BLVD #1020</p> <p>City MONTROSE State CA Zip Code 91020</p> <p>Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.31438</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>B. Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER</p> <p>Mailing Address 2029 VERDUGO BLVD #1020</p> <p>City MONTROSE State CA Zip Code 91020</p> <p>Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.31437</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>C. Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER</p> <p>Mailing Address 2029 VERDUGO BLVD #1020</p> <p>City MONTROSE State CA Zip Code 91020</p> <p>Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.31447</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="2500.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31436 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31448 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT	<input type="text" value="500.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31453 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2007"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT	<input type="text" value="250.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31449 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT	<input type="text" value="500.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31435 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31450 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT	<input type="text" value="500.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31434 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31433 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER	Transaction ID: SB21B.31444 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD #1020	<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT	<input type="text" value="750.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER</p> <p>Mailing Address 2029 VERDUGO BLVD #1020</p> <p>City MONTROSE State CA Zip Code 91020</p> <p>Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.31432</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type 001</p>
<p>B. Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER</p> <p>Mailing Address 2029 VERDUGO BLVD #1020</p> <p>City MONTROSE State CA Zip Code 91020</p> <p>Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.31451</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Category/Type 001</p>
<p>C. Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER</p> <p>Mailing Address 2029 VERDUGO BLVD #1020</p> <p>City MONTROSE State CA Zip Code 91020</p> <p>Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.31452</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Category/Type 001</p>

SUBTOTAL of Disbursements This Page (optional)	2000.00
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

<p>A. Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER</p> <p>Mailing Address 2029 VERDUGO BLVD #1020</p> <p>City MONTROSE State CA Zip Code 91020</p> <p>Purpose of Disbursement CONSULTING - POLITICAL & MANAGEMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.31431</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>B. Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.45204</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3001.27"/></p> <p>Category/Type: <input type="text" value="003"/></p>
<p>C. Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.45205</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8418.28"/></p> <p>Category/Type: <input type="text" value="003"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="12419.55"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.45206 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7
	Amount of Each Disbursement this Period 5195.99
	Category/ Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.45207 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.45208 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 7
	Amount of Each Disbursement this Period 4625.46
	Category/ Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	14821.45
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.45209 Date of Disbursement																			
	Mailing Address 1420 SPRING HILL RD STE 490	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	8	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	0	8	/	2	0	0	7												
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<table border="1"><tr><td>5010.57</td></tr></table>	5010.57																		
5010.57																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/ Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

B.	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.45210 Date of Disbursement																			
	Mailing Address 1420 SPRING HILL RD STE 490	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	5	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	1	5	/	2	0	0	7												
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<table border="1"><tr><td>2409.85</td></tr></table>	2409.85																		
2409.85																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/ Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

C.	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.45211 Date of Disbursement																			
	Mailing Address 1420 SPRING HILL RD STE 490	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	2	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	2	/	2	0	0	7												
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<table border="1"><tr><td>1017.24</td></tr></table>	1017.24																		
1017.24																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/ Type	003																		
003																					
	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)	<table border="1"><tr><td>8437.66</td></tr></table>	8437.66
8437.66		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.45212 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="11"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="981.72"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.45213 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="12"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="906.08"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CATTERTON PRINTING INC	Transaction ID: SB21B.45215 Date of Disbursement
	Mailing Address 100 POST OFFICE ROAD	<input type="text" value="07"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City WALDORF State MD Zip Code 20602	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI	<input type="text" value="3270.99"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5158.79"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CATTERTON PRINTING INC <hr/> Mailing Address 100 POST OFFICE ROAD <hr/> City WALDORF State MD Zip Code 20602 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name 003 Category/Type <hr/> 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:	Transaction ID: SB21B.45216 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">9520.00</div>
B.	Full Name (Last, First, Middle Initial) CATTERTON PRINTING INC <hr/> Mailing Address 100 POST OFFICE ROAD <hr/> City WALDORF State MD Zip Code 20602 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name 003 Category/Type <hr/> 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:	Transaction ID: SB21B.45218 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 7 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">5899.60</div>
C.	Full Name (Last, First, Middle Initial) COLORTREE INC OF VIRGINIA <hr/> Mailing Address 2519 BRITTONS HILL RD <hr/> City RICHMOND State VA Zip Code 23230 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name 003 Category/Type <hr/> 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:	Transaction ID: SB21B.45222 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1297.80</div>

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">16717.40</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ECG DATA CENTER <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DATA PROCESSING Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.45248 Date of Disbursement 07 / 02 / 2007 <hr/> Amount of Each Disbursement this Period 3824.03
B.	Full Name (Last, First, Middle Initial) ECG DATA CENTER <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DATA PROCESSING Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.45249 Date of Disbursement 07 / 23 / 2007 <hr/> Amount of Each Disbursement this Period 4212.74
C.	Full Name (Last, First, Middle Initial) ECG DATA CENTER <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DATA PROCESSING Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.45250 Date of Disbursement 07 / 30 / 2007 <hr/> Amount of Each Disbursement this Period 372.43

SUBTOTAL of Disbursements This Page (optional) ▶

8409.20

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

A.	Full Name (Last, First, Middle Initial) ECG DATA CENTER <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DATA PROCESSING Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.45251 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 1143.11
B.	Full Name (Last, First, Middle Initial) ECG DATA CENTER <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DATA PROCESSING Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.45252 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 298.62
C.	Full Name (Last, First, Middle Initial) ECG DATA CENTER <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DATA PROCESSING Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.45253 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 294.61

SUBTOTAL of Disbursements This Page (optional) ▶

1736.34

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

A.	<p>Full Name (Last, First, Middle Initial) ECG DATA CENTER</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.45254</p> <p>Date of Disbursement</p> <p>10 / 15 / 2007</p>	<p>Amount of Each Disbursement this Period</p> <p>1065.94</p>
B.	<p>Full Name (Last, First, Middle Initial) ECG DATA CENTER</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.45255</p> <p>Date of Disbursement</p> <p>10 / 22 / 2007</p>	<p>Amount of Each Disbursement this Period</p> <p>1501.96</p>
C.	<p>Full Name (Last, First, Middle Initial) ECG DATA CENTER</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.45256</p> <p>Date of Disbursement</p> <p>10 / 29 / 2007</p>	<p>Amount of Each Disbursement this Period</p> <p>1721.38</p>

SUBTOTAL of Disbursements This Page (optional) ►

4289.28

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ECG DATA CENTER	Transaction ID: SB21B.45257 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="11"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA PROCESSING Candidate Name	<input type="text" value="2063.27"/>
	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) ▼
		001 Category/ Type

B.	Full Name (Last, First, Middle Initial) ECG DATA CENTER	Transaction ID: SB21B.45258 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="12"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA PROCESSING Candidate Name	<input type="text" value="1528.82"/>
	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) ▼
		001 Category/ Type

C.	Full Name (Last, First, Middle Initial) ECG DATA CENTER	Transaction ID: SB21B.45259 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="12"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA PROCESSING Candidate Name	<input type="text" value="3442.68"/>
	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) ▼
		001 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7034.77"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ECG DATA CENTER Mailing Address 1420 SPRING HILL RD STE 490 City MCLEAN State VA Zip Code 22102 Purpose of Disbursement DATA PROCESSING 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) ▼	Transaction ID: SB21B.45260 Date of Disbursement 12 / 17 / 2007 Amount of Each Disbursement this Period 665.45 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) ELECTRONIC REPORTING SYSTEMS INC Mailing Address 1155 - 15TH ST NW SUITE 614 City WASHINGTON State DC Zip Code 20005 Purpose of Disbursement ELECTRONIC DISCLOSURE REPORTING 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) ▼	Transaction ID: SB21B.31468 Date of Disbursement 07 / 31 / 2007 Amount of Each Disbursement this Period 1500.00 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) GLENDALE PRINTING CENTER Mailing Address 640 W BROADWAY City GLENDALE State CA Zip Code 91204 Purpose of Disbursement PRINTING & COPIES 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) ▼	Transaction ID: SB21B.31477 Date of Disbursement 11 / 01 / 2007 Amount of Each Disbursement this Period 216.50 001 Category/ Type

SUBTOTAL of Disbursements This Page (optional)

2381.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) GOSCH PRODUCTIONS	Transaction ID: SB21B.31478
	Mailing Address 2227 W OLIVE AVE	Date of Disbursement 08 / 06 / 2007
	City BURBANK State CA Zip Code 91506	Amount of Each Disbursement this Period 433.00
	Purpose of Disbursement PRODUCTION OF WEB VIDEO	004 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) INTEGRAM	Transaction ID: SB21B.45226
	Mailing Address 8421 HILLTOP RD	Date of Disbursement 08 / 06 / 2007
	City FAIRFAX State VA Zip Code 22031	Amount of Each Disbursement this Period 4000.00
	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:	

C.	Full Name (Last, First, Middle Initial) INTEGRAM	Transaction ID: SB21B.45227
	Mailing Address 8421 HILLTOP RD	Date of Disbursement 09 / 04 / 2007
	City FAIRFAX State VA Zip Code 22031	Amount of Each Disbursement this Period 3523.00
	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)	7956.00
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

A.

Full Name (Last, First, Middle Initial)

INTEGRAM

Mailing Address 8421 HILLTOP RD

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement
DIRECT MAIL FUNDRAISING FOR AAIL

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.45228

Date of Disbursement

10 / 18 / 2007

Amount of Each Disbursement this Period

7150.00

B.

Full Name (Last, First, Middle Initial)

INTEGRAM

Mailing Address 8421 HILLTOP RD

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement
DIRECT MAIL FUNDRAISING FOR AAIL

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.45229

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

6467.09

C.

Full Name (Last, First, Middle Initial)

INTEGRAM

Mailing Address 8421 HILLTOP RD

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement
DIRECT MAIL FUNDRAISING FOR AAIL

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.45230

Date of Disbursement

12 / 28 / 2007

Amount of Each Disbursement this Period

2135.82

SUBTOTAL of Disbursements This Page (optional) ▶

15752.91

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) LEWITT HACKMAN</p> <p>Mailing Address 16633 VENTURA BLVD.</p> <p>City ENCINO State CA Zip Code 91436</p> <p>Purpose of Disbursement LEGAL FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.31488</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>B. Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL</p> <p>Mailing Address 21721-A FILIGREE CT</p> <p>City ASHBURN State VA Zip Code 20147</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.45231</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="989.34"/></p> <p>Category/Type: <input type="text" value="003"/></p>
<p>C. Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL</p> <p>Mailing Address 21721-A FILIGREE CT</p> <p>City ASHBURN State VA Zip Code 20147</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.45232</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3850.00"/></p> <p>Category/Type: <input type="text" value="003"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL</p> <p>Mailing Address 21721-A FILIGREE CT</p> <p>City ASHBURN State VA Zip Code 20147</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.45233</p> <p>Date of Disbursement 09 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 7973.00</p> <p>003 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL</p> <p>Mailing Address 21721-A FILIGREE CT</p> <p>City ASHBURN State VA Zip Code 20147</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.45234</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 686.00</p> <p>003 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL</p> <p>Mailing Address 21721-A FILIGREE CT</p> <p>City ASHBURN State VA Zip Code 20147</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.45235</p> <p>Date of Disbursement 10 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 2564.01</p> <p>003 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11223.01

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL	Transaction ID: SB21B.45236 Date of Disbursement																			
	Mailing Address 21721-A FILIGREE CT	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	7		2	0	0	7												
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL Candidate Name	<table border="1"><tr><td>3992.90</td></tr></table>	3992.90																		
3992.90																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					

B.	Full Name (Last, First, Middle Initial) MDI IMAGING & MAIL	Transaction ID: SB21B.45237 Date of Disbursement																			
	Mailing Address 21721-A FILIGREE CT	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	8		2	0	0	7												
	City ASHBURN State VA Zip Code 20147	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL Candidate Name	<table border="1"><tr><td>2524.88</td></tr></table>	2524.88																		
2524.88																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					

C.	Full Name (Last, First, Middle Initial) OFFICE DEPOT	Transaction ID: SB21B.31490 Date of Disbursement																			
	Mailing Address 5040 SAN FERNANDO 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>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	0	7												
	City GLENDALE State CA Zip Code 91204	Amount of Each Disbursement this Period																			
	Purpose of Disbursement OFFICE SUPPLIES Candidate Name	<table border="1"><tr><td>61.67</td></tr></table>	61.67																		
61.67																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>6579.45</td></tr></table>	6579.45
6579.45		
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

<p>A. Full Name (Last, First, Middle Initial) OFFICE DEPOT</p> <p>Mailing Address 5040 SAN FERNANDO RD</p> <p>City GLENDALE State CA Zip Code 91204</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.31491</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="120.50"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>B. Full Name (Last, First, Middle Initial) OFFICE DEPOT</p> <p>Mailing Address 5040 SAN FERNANDO RD</p> <p>City GLENDALE State CA Zip Code 91204</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.31492</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="260.20"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>C. Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY</p> <p>Mailing Address 1420 SPRING HILL RD STE 490</p> <p>City MCLEAN State VA Zip Code 22102</p> <p>Purpose of Disbursement FUNDRAISING LIST RENTALS FOR AAIL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.45262</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2411.40"/></p> <p>Category/Type: <input type="text" value="003"/></p>

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY	Transaction ID: SB21B.45263 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2007"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement FUNDRAISING LIST RENTALS FOR AAI	<input type="text" value="1489.10"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY	Transaction ID: SB21B.45264 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement FUNDRAISING LIST RENTALS FOR AAI	<input type="text" value="3321.23"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY	Transaction ID: SB21B.45265 Date of Disbursement
	Mailing Address 1420 SPRING HILL RD STE 490	<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2007"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement FUNDRAISING LIST RENTALS FOR AAI	<input type="text" value="460.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5270.33"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY	Transaction ID: SB21B.45266 Date of Disbursement 09 / 10 / 2007	
	Mailing Address 1420 SPRING HILL RD STE 490		
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 879.42	
	Purpose of Disbursement FUNDRAISING LIST RENTALS FOR AAIL Candidate Name	003 Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY	Transaction ID: SB21B.45267 Date of Disbursement 12 / 17 / 2007	
	Mailing Address 1420 SPRING HILL RD STE 490		
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period 2593.14	
	Purpose of Disbursement FUNDRAISING LIST RENTALS FOR AAIL 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) ▼	
C.	Full Name (Last, First, Middle Initial) BRANDON POWERS	Transaction ID: SB21B.31455 Date of Disbursement 12 / 13 / 2007	
	Mailing Address 2029 VERDUGO BLVD #1020		
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period 500.00	
	Purpose of Disbursement WEBSITE DEVELOPMENT Candidate Name	001 Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3972.56
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC</p> <p>Mailing Address 4841 DILLON DR</p> <p>City PUEBLO State CO Zip Code 81008</p> <p>Purpose of Disbursement MONEY PROCESSING & ESCROW SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.45269</p> <p>Date of Disbursement 08 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 2040.13</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC</p> <p>Mailing Address 4841 DILLON DR</p> <p>City PUEBLO State CO Zip Code 81008</p> <p>Purpose of Disbursement MONEY PROCESSING & ESCROW SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.45270</p> <p>Date of Disbursement 08 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 3248.82</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC</p> <p>Mailing Address 4841 DILLON DR</p> <p>City PUEBLO State CO Zip Code 81008</p> <p>Purpose of Disbursement MONEY PROCESSING & ESCROW SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.45271</p> <p>Date of Disbursement 09 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 509.88</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5798.83

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)

PAGE 90 / 113

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

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

<p>A. Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC</p> <p>Mailing Address 4841 DILLON DR</p> <p>City PUEBLO State CO Zip Code 81008</p> <p>Purpose of Disbursement MONEY PROCESSING & ESCROW SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.45272</p> <p>Date of Disbursement 09 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 3776.19</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC</p> <p>Mailing Address 4841 DILLON DR</p> <p>City PUEBLO State CO Zip Code 81008</p> <p>Purpose of Disbursement MONEY PROCESSING & ESCROW SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.45273</p> <p>Date of Disbursement 10 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 2116.70</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC</p> <p>Mailing Address 4841 DILLON DR</p> <p>City PUEBLO State CO Zip Code 81008</p> <p>Purpose of Disbursement MONEY PROCESSING & ESCROW SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.45274</p> <p>Date of Disbursement 11 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 1131.17</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7024.06

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. PREMIER FULFILLMENT & PROCESSING INC

Full Name (Last, First, Middle Initial)

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement
MONEY PROCESSING & ESCROW SERVICES

Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: SB21B.45275

Date of Disbursement

12 / 28 / 2007

Amount of Each Disbursement this Period

2296.73

B. PREMIER FULFILLMENT & PROCESSING INC

Full Name (Last, First, Middle Initial)

Mailing Address 4841 DILLON DR

City PUEBLO State CO Zip Code 81008

Purpose of Disbursement
BANK PROCESSING FEES

Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: SB21B.45277

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

1512.46

C. RPALP

Full Name (Last, First, Middle Initial)

Mailing Address 1420 SPRING HILL RD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
DIRECT MAIL FUNDRAISING FOR AAI

Candidate Name

003
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: SB21B.45281

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

4545.00

SUBTOTAL of Disbursements This Page (optional)

8354.19

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) RPALP <hr/> Mailing Address 1420 SPRING HILL RD <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.45282 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 7
	Amount of Each Disbursement this Period 4545.00
	<input type="text" value="003"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) RPALP <hr/> Mailing Address 1420 SPRING HILL RD <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.45283 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 7
	Amount of Each Disbursement this Period 4545.00
	<input type="text" value="003"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RPALP <hr/> Mailing Address 1420 SPRING HILL RD <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.45284 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 7
	Amount of Each Disbursement this Period 4545.00
	<input type="text" value="003"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

13635.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) RST MARKETING	Transaction ID: SB21B.45239 Date of Disbursement 07 / 02 / 2007
	Mailing Address 1272 CORPORATE PARK RD	Amount of Each Disbursement this Period 548.45
	City FOREST State VA Zip Code 24551	
	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) ▼

B.	Full Name (Last, First, Middle Initial) RST MARKETING	Transaction ID: SB21B.45240 Date of Disbursement 07 / 09 / 2007
	Mailing Address 1272 CORPORATE PARK RD	Amount of Each Disbursement this Period 1960.00
	City FOREST State VA Zip Code 24551	
	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) ▼

C.	Full Name (Last, First, Middle Initial) RST MARKETING	Transaction ID: SB21B.45241 Date of Disbursement 10 / 08 / 2007
	Mailing Address 1272 CORPORATE PARK RD	Amount of Each Disbursement this Period 4058.54
	City FOREST State VA Zip Code 24551	
	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) ▶

24206.99

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 94 / 113

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

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

A.	Full Name (Last, First, Middle Initial) RST MARKETING	Transaction ID: SB21B.45242 Date of Disbursement
	Mailing Address 1272 CORPORATE PARK RD	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City FOREST State VA Zip Code 24551	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL Candidate Name	<input type="text" value="5356.23"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="003"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) SPORTSMAN LODGE HOTEL	Transaction ID: SB21B.31501 Date of Disbursement
	Mailing Address 12833 VENTURA BLVD	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City STUDIO CITY State CA Zip Code 91604	Amount of Each Disbursement this Period
	Purpose of Disbursement ACCOMODATIONS & LODGING Candidate Name	<input type="text" value="862.98"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="002"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) SPORTSMAN LODGE HOTEL	Transaction ID: SB21B.31503 Date of Disbursement
	Mailing Address 12833 VENTURA BLVD	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City STUDIO CITY State CA Zip Code 91604	Amount of Each Disbursement this Period
	Purpose of Disbursement ACCOMODATIONS & LODGING Candidate Name	<input type="text" value="223.71"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="002"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) SPORTSMAN LODGE HOTEL	Transaction ID: SB21B.31505 Date of Disbursement																			
	Mailing Address 12833 VENTURA BLVD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>7</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	3		2	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	3		2	0	7													
	City STUDIO CITY State CA Zip Code 91604	Amount of Each Disbursement this Period																			
	Purpose of Disbursement ACCOMODATIONS & LODGING Candidate Name	<table border="1"><tr><td>206.53</td></tr></table>	206.53																		
206.53																					
	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) ▼																			
		002 Category/Type																			

B.	Full Name (Last, First, Middle Initial) SPORTSMAN LODGE HOTEL	Transaction ID: SB21B.31506 Date of Disbursement																			
	Mailing Address 12833 VENTURA BLVD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>7</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	3		2	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	3		2	0	7													
	City STUDIO CITY State CA Zip Code 91604	Amount of Each Disbursement this Period																			
	Purpose of Disbursement ACCOMODATIONS & LODGING Candidate Name	<table border="1"><tr><td>23.00</td></tr></table>	23.00																		
23.00																					
	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) ▼																			
		002 Category/Type																			

C.	Full Name (Last, First, Middle Initial) SPRINT PCS	Transaction ID: SB21B.31509 Date of Disbursement																			
	Mailing Address 301 N BRAND BLVD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>7</td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	7													
	City GLENDALE State CA Zip Code 91203	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PHONE SERVICE Candidate Name	<table border="1"><tr><td>120.75</td></tr></table>	120.75																		
120.75																					
	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) ▼																			
		001 Category/Type																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>350.28</td></tr></table>	350.28
350.28		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) TIME WARNER CABLE	Transaction ID: SB21B.31510 Date of Disbursement 07 / 26 / 2007
	Mailing Address 9260 TOPANGA CANYON BLVD	Amount of Each Disbursement this Period 3201.10
	City CHATSWORGH State CA Zip Code 91311	
	Purpose of Disbursement MEDIA - FUNDRAISING Candidate Name	004 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TIME WARNER CABLE	Transaction ID: SB21B.31512 Date of Disbursement 08 / 01 / 2007
	Mailing Address 9260 TOPANGA CANYON BLVD	Amount of Each Disbursement this Period 3009.00
	City CHATSWORGH State CA Zip Code 91311	
	Purpose of Disbursement MEDIA - FUNDRAISING Candidate Name	004 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.31513 Date of Disbursement 07 / 23 / 2007
	Mailing Address 2029 VERDUGO BLVD	Amount of Each Disbursement this Period 23.84
	City MONTROSE State CA Zip Code 91020	
	Purpose of Disbursement SHIPPING Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6233.94

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.31514 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD	<input type="text" value="08"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement SHIPPING Candidate Name	<input type="text" value="33.25"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.31515 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD	<input type="text" value="11"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement SHIPPING Candidate Name	<input type="text" value="18.28"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21B.31516 Date of Disbursement
	Mailing Address 2029 VERDUGO BLVD	<input type="text" value="11"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City MONTROSE State CA Zip Code 91020	Amount of Each Disbursement this Period
	Purpose of Disbursement SHIPPING Candidate Name	<input type="text" value="50.44"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="101.97"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) US POSTMASTER <hr/> Mailing Address 2100 MONTROSE AVE <hr/> City MONTROSE State CA Zip Code 91204 <hr/> Purpose of Disbursement POSTAGE Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.31517 Date of Disbursement 07 / 27 / 2007 <hr/> Amount of Each Disbursement this Period 92.00 <hr/> Category/Type 001
B.	Full Name (Last, First, Middle Initial) US POSTMASTER <hr/> Mailing Address 2100 MONTROSE AVE <hr/> City MONTROSE State CA Zip Code 91204 <hr/> Purpose of Disbursement POSTAGE Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.45243 Date of Disbursement 08 / 25 / 2007 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> Category/Type 003
C.	Full Name (Last, First, Middle Initial) US POSTMASTER <hr/> Mailing Address 2100 MONTROSE AVE <hr/> City MONTROSE State CA Zip Code 91204 <hr/> Purpose of Disbursement POSTAGE Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.45244 Date of Disbursement 08 / 31 / 2007 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> Category/Type 003

SUBTOTAL of Disbursements This Page (optional) ▶	7092.00
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

A.	Full Name (Last, First, Middle Initial) US POSTMASTER <hr/> Mailing Address 2100 MONTROSE AVE <hr/> City MONTROSE State CA Zip Code 91204 <hr/> Purpose of Disbursement POSTAGE Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.45245 Date of Disbursement 10 / 05 / 2007	Amount of Each Disbursement this Period 2000.00
B.	Full Name (Last, First, Middle Initial) US POSTMASTER <hr/> Mailing Address 2100 MONTROSE AVE <hr/> City MONTROSE State CA Zip Code 91204 <hr/> Purpose of Disbursement POSTAGE Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.45246 Date of Disbursement 10 / 12 / 2007	Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) US POSTMASTER <hr/> Mailing Address 2100 MONTROSE AVE <hr/> City MONTROSE State CA Zip Code 91204 <hr/> Purpose of Disbursement POSTAGE Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.45247 Date of Disbursement 11 / 21 / 2007	Amount of Each Disbursement this Period 175.00

SUBTOTAL of Disbursements This Page (optional) ▶	4175.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 100 / 113

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

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

A. Full Name (Last, First, Middle Initial) US STORAGE CENTERS Mailing Address 4454 LOWELL AVE City LA CRESCENTA State CA Zip Code 91214 Purpose of Disbursement STORAGE FEES 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) ▼	Transaction ID: SB21B.31518 Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2007
	Amount of Each Disbursement this Period 135.20
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) US STORAGE CENTERS Mailing Address 4454 LOWELL AVE City LA CRESCENTA State CA Zip Code 91214 Purpose of Disbursement STORAGE 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) ▼	Transaction ID: SB21B.31519 Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2007
	Amount of Each Disbursement this Period 355.05
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) US STORAGE CENTERS Mailing Address 4454 LOWELL AVE City LA CRESCENTA State CA Zip Code 91214 Purpose of Disbursement STORAGE 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) ▼	Transaction ID: SB21B.31520 Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2007
	Amount of Each Disbursement this Period 221.85
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

712.10

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 101 / 113

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

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

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

A. Full Name (Last, First, Middle Initial) VALLEY INN <hr/> Mailing Address 4557 SHERMAN OAKS AVE <hr/> City SHERMAN OAKS State CA Zip Code 91403 Purpose of Disbursement LODGING & ACCOMODATIONS 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) ▼	Transaction ID: SB21B.31525 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 7
	Amount of Each Disbursement this Period 366.19
	Category/ Type 002
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) WACO TRIBUNE <hr/> Mailing Address 900 FRANKLIN AVE <hr/> City WACO State TX Zip Code 76701 Purpose of Disbursement PRINT AD - FREE THE BORDER AGENTS 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) ▼	Transaction ID: SB21B.31526 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7
	Amount of Each Disbursement this Period 1451.21
	Category/ Type 004
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) WELLS FARGO BANK <hr/> Mailing Address PO BOX 5247 <hr/> City DENVER State CO Zip Code 80274 Purpose of Disbursement CHECK ORDER 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) ▼	Transaction ID: SB21B.31530 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 7
	Amount of Each Disbursement this Period 70.69
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1888.09

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 102 / 113

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

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

A. Full Name (Last, First, Middle Initial) WELLS FARGO BANK <hr/> Mailing Address PO BOX 5247 <hr/> City DENVER State CO Zip Code 80274 <hr/> Purpose of Disbursement BANK SERVICE CHARGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.31531 Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2007
	Amount of Each Disbursement this Period 2.50
	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) ZIP MAILING SERVICES INC <hr/> Mailing Address 288 HANLEY INDUSTRIAL CT <hr/> City ST LOUIS State MO Zip Code 63144 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.45286 Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2007
	Amount of Each Disbursement this Period 2299.99
	<input type="text" value="003"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) ZIP MAILING SERVICES INC <hr/> Mailing Address 288 HANLEY INDUSTRIAL CT <hr/> City ST LOUIS State MO Zip Code 63144 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.45287 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2007
	Amount of Each Disbursement this Period 6991.02
	<input type="text" value="003"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

9293.51

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 103 / 113

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

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

A.

Full Name (Last, First, Middle Initial)
ZIP MAILING SERVICES INC

Transaction ID: SB21B.45288

Date of Disbursement

Mailing Address 288 HANLEY INDUSTRIAL CT

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

City ST LOUIS State MO Zip Code 63144

Amount of Each Disbursement this Period

935.00

Purpose of Disbursement
DIRECT MAIL FUNDRAISING FOR AAIL

003
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

935.00

TOTAL This Period (last page this line number only)

255535.97

**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 104 / 113

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

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

A.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER Mailing Address 2029 VERDUGO BLVD #1020 City MONTROSE State CA Zip Code 91020 Purpose of Disbursement LOAN REPAYMENT 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) ▼	Transaction ID: SB26.31440 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 7	Amount of Each Disbursement this Period 833.00
B.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER Mailing Address 2029 VERDUGO BLVD #1020 City MONTROSE State CA Zip Code 91020 Purpose of Disbursement LOAN REPAYMENT 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) ▼	Transaction ID: SB26.31441 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 7	Amount of Each Disbursement this Period 833.00
C.	Full Name (Last, First, Middle Initial) ALLEN BRANDSTATER Mailing Address 2029 VERDUGO BLVD #1020 City MONTROSE State CA Zip Code 91020 Purpose of Disbursement LOAN REPAYMENT 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) ▼	Transaction ID: SB26.31442 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 7	Amount of Each Disbursement this Period 833.00

SUBTOTAL of Disbursements This Page (optional) ▶	2499.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 105 / 113

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

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

A.

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

Transaction ID: SB26.31443

Date of Disbursement

Mailing Address 2029 VERDUGO BLVD
#1020

^M 1	^M /	^D 1	^D 9	/	^Y 2	^Y 0	^Y 0	^Y 7
----------------	----------------	----------------	----------------	---	----------------	----------------	----------------	----------------

City MONTROSE State CA Zip Code 91020

Amount of Each Disbursement this Period

833.00

Purpose of Disbursement
LOAN REPAYMENT

009
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

833.00

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

3332.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 106 / 113

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

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

A.	Full Name (Last, First, Middle Initial) US TREASURY		Transaction ID: SB29.31522	
	Mailing Address 15TH & PENNSYLVANIA AVE NW		Date of Disbursement 11 / 12 / 2007	
City WASHINGTON		State DC	Zip Code 20004	
Purpose of Disbursement CONCILIATION AGREEMENT			Amount of Each Disbursement this Period 5000.00	
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:				

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 107 / 113 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)
AMERICANS AGAINST ILLEGAL IMMIGRATION PAC

Transaction ID: SC/10.31059

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

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 4 D D 0 4 Y Y Y Y 2 0 0 7	UPON DEMAND	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <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)	835.00
TOTALS This Period (last page in this line only)	835.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

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

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

Outstanding Balance Beginning This Period 34678.66		Transaction ID: SD10.31121	
Amount Incurred This Period 21262.52	Payment This Period 36566.46	Outstanding Balance at Close of This Period 19374.72	

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

Outstanding Balance Beginning This Period 3270.99		Transaction ID: SD10.30997	
Amount Incurred This Period 18595.33	Payment This Period 18690.59	Outstanding Balance at Close of This Period 3175.73	

1) SUBTOTALS This Period This Page (optional).....	▶	31540.17
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.45220	
Amount Incurred This Period 8510.78	Payment This Period 1297.80	Outstanding Balance at Close of This Period 7212.98	

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

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

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

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

1) SUBTOTALS This Period This Page (optional).....	23389.28
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period 14434.82	Transaction ID: SD10.31126	
Amount Incurred This Period 12651.32	Payment This Period 22135.04	Outstanding Balance at Close of This Period 4951.10

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ELECTRONIC REPORTING SYSTEMS INC	Nature of Debt (Purpose): ELECTRONIC DISCLOSURE REPORTING
Mailing Address 1155 - 15TH ST NW SUITE 614	
City State ZIP Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 5382.80	Transaction ID: SD10.31127	
Amount Incurred This Period 0.00	Payment This Period 1500.00	Outstanding Balance at Close of This Period 3882.80

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

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

1) SUBTOTALS This Period This Page (optional).....	11418.90
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10.45223	
Amount Incurred This Period <input type="text" value="38101.72"/>	Payment This Period <input type="text" value="23275.91"/>	Outstanding Balance at Close of This Period <input type="text" value="14825.81"/>	

B. 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 PHOENIX	State AZ	ZIP Code 85009	

Outstanding Balance Beginning This Period <input type="text" value="3113.25"/>		Transaction ID: SD10.31129	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3113.25"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="1265.32"/>		Transaction ID: SD10.31018	
Amount Incurred This Period <input type="text" value="25252.40"/>	Payment This Period <input type="text" value="22580.13"/>	Outstanding Balance at Close of This Period <input type="text" value="3937.59"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="21876.65"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period 8561.15		Transaction ID: SD10.31130	
Amount Incurred This Period 3583.24	Payment This Period 11154.29	Outstanding Balance at Close of This Period 990.10	

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

Outstanding Balance Beginning This Period 9575.02		Transaction ID: SD10.31296	
Amount Incurred This Period 11913.56	Payment This Period 16632.08	Outstanding Balance at Close of This Period 4856.50	

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

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.45280	
Amount Incurred This Period 23391.60	Payment This Period 18180.00	Outstanding Balance at Close of This Period 5211.60	

1) SUBTOTALS This Period This Page (optional).....	11058.20
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 113 / 113
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WEST END PRINTING	Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR AAI
Mailing Address 1619 SHERWOOD AVE	
City State ZIP Code RICHMOND VA 23220	

Outstanding Balance Beginning This Period 12135.90	Transaction ID: SD10.31133	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12135.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ZIP MAILING SERVICES INC	Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR AAI
Mailing Address 288 HANLEY INDUSTRIAL CT	
City State ZIP Code ST LOUIS MO 63144	

Outstanding Balance Beginning This Period 9291.01	Transaction ID: SD10.31304	
Amount Incurred This Period 935.00	Payment This Period 10226.01	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	14979.30
2) TOTALS This Period (last page this line number only).....	▶	114262.50
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	835.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	115097.50