

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2006 through 03 31 2006

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

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer Electronically Filed by SCOTT B MACKENZIE Date 05 28 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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		12057.23
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	12057.23									
(c) Total Receipts (from Line 19)	111726.71	111726.71								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	123783.94	123783.94								
7. Total Disbursements (from Line 31)	97732.76	97732.76								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26051.18	26051.18								
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)	117961.61									

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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	6558.00	6558.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	105168.71	105168.71
(iii) TOTAL (add Lines 11(a)(i) and (ii)	111726.71	111726.71
(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)	111726.71	111726.71
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	111726.71	111726.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	111726.71	111726.71

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.....	95632.76	95632.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	95632.76	95632.76
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.....	2100.00	2100.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	97732.76	97732.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	97732.76	97732.76

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)	111726.71	111726.71
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	111726.71	111726.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	95632.76	95632.76
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	95632.76	95632.76

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MS TIA A ATKINS		Date of Receipt
	Mailing Address 18321 SW PACIFIC HWY		<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
	TUALATIN	OR	97062
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13266
Name of Employer N/A		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) MS TIA A ATKINS		Date of Receipt
	Mailing Address 18321 SW PACIFIC HWY		<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
	TUALATIN	OR	97062
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.15308
Name of Employer N/A		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 625.00	<input type="text"/> 375.00

C.	Full Name (Last, First, Middle Initial) DR ROBERT BUCHANAN		Date of Receipt
	Mailing Address 4751 EAGLERIDGE CIR #108		<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
	PUEBLO	CO	81008
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16305
Name of Employer		Occupation DOCTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 210.00	<input type="text"/> 75.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 700.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 28
	<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 JOHN WM GALBRAITH		Date of Receipt MM / DD / YYYY 02 / 07 / 2006		
	Mailing Address 500 CRESTWOOD DR APT 1604		Transaction ID: SA11AI.15322		
	City CHARLOTTESVILLE	State VA	Zip Code 22903	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer N/A	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) MRS VIOLET HANNA		Date of Receipt MM / DD / YYYY 01 / 27 / 2006		
	Mailing Address 4123 MARY ELLEN AVE		Transaction ID: SA11AI.14581		
	City STUDIO CITY	State CA	Zip Code 91604	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer N/A	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) MRS VIOLET HANNA		Date of Receipt MM / DD / YYYY 02 / 14 / 2006		
	Mailing Address 4123 MARY ELLEN AVE		Transaction ID: SA11AI.15760		
	City STUDIO CITY	State CA	Zip Code 91604	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer N/A	Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
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 / 28
(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 VIOLET HANNA

Mailing Address 4123 MARY ELLEN AVE

City State Zip Code
STUDIO CITY CA 91604

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2006

Transaction ID: SA11AI.16432

Amount of Each Receipt this Period
100.00

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

Mailing Address 3702 ESTO AVE

City State Zip Code
EL MONTE CA 91731

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 408.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2006

Transaction ID: SA11AI.19367

Amount of Each Receipt this Period
408.00

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

Mailing Address 702 THORA BLVD

City State Zip Code
SHREVEPORT LA 71106

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2006

Transaction ID: SA11AI.15243

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► 2008.00

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 9 / 28
(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 L RICHARDSON, JR

Mailing Address 7 INDIAN SPRING RD

City NORWALK State CT Zip Code 06853

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

Name of Employer SELF EMPLOYED Occupation FINANCIAL CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 29 / 2006
Transaction ID: SA11AI.19283
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 610 1ST ST

City CORONADO State CA Zip Code 92118

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 12 / 2006
Transaction ID: SA11AI.13236
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 610 1ST ST

City CORONADO State CA Zip Code 92118

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 02 / 06 / 2006
Transaction ID: SA11AI.15107
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MABELLE JEAN SMITH	Date of Receipt MM / DD / YYYY 02 / 17 / 2006
	Mailing Address 8545 MISSION GORGE RD SPC 224	Transaction ID: SA11AI.15847
	City State Zip Code SANTEE CA 92071	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) MRS EDGAR UIHLEIN	Date of Receipt MM / DD / YYYY 02 / 07 / 2006
	Mailing Address 1001 SHERIDAN RD	Transaction ID: SA11AI.15298
	City State Zip Code LAKE BLUFF IL 60044	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation HOMEMAKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 750.00	

C.	Full Name (Last, First, Middle Initial) MR JACQUES VINMONT, JR	Date of Receipt MM / DD / YYYY 03 / 28 / 2006
	Mailing Address QUAIL RUN 21 ASPEN C	Transaction ID: SA11AI.18962
	City State Zip Code BOYNTON BEACH FL 33436	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
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 11 / 28
(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 MARY ELIZABETH WHITE

Mailing Address 4461 STACK BLVD APT E130

City MELBOURNE State FL Zip Code 32901

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 03 / 07 / 2006
Transaction ID: SA11AI.16205
 Amount of Each Receipt this Period: 75.00

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

Mailing Address 4461 STACK BLVD APT E130

City MELBOURNE State FL Zip Code 32901

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt: 03 / 27 / 2006
Transaction ID: SA11AI.18309
 Amount of Each Receipt this Period: 75.00

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

Mailing Address P O BOX 247

City FREEDOM State NH Zip Code 03836

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 03 / 09 / 2006
Transaction ID: SA11AI.16316
 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 12 / 28
(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 ROBERT ZAITLIN, MD

Mailing Address 118 S CLIFFWOOD AVE

City	State	Zip Code
LOS ANGELES	CA	90049

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

Name of Employer
SELF EMPLOYED

Occupation
MEDICAL DOCTOR

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.19654

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	6558.00

**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 13 / 28

<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) MR ALLEN BRANDSTATER Mailing Address 1241 OAK CIRCLE DRIVE City GLENDALE State CA Zip Code 91208 Purpose of Disbursement TRAVEL & REIMB EXPENSES Candidate Name 002 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:	Transaction ID: SB21B.40692 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6	Amount of Each Disbursement this Period 202.12
B.	Full Name (Last, First, Middle Initial) BULK MAILING & ADDRESSING, INC. Mailing Address 1328 CHARWOOD ROAD City HANOVER State MD Zip Code 21076 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name 003 Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.40708 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6	Amount of Each Disbursement this Period 22315.00
C.	Full Name (Last, First, Middle Initial) BULK MAILING & ADDRESSING, INC. Mailing Address 1328 CHARWOOD ROAD City HANOVER State MD Zip Code 21076 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name 003 Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.63599 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6	Amount of Each Disbursement this Period 1415.00

SUBTOTAL of Disbursements This Page (optional)	23932.12
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) BULK MAILING & ADDRESSING, INC. Mailing Address 1328 CHARWOOD ROAD City HANOVER State MD Zip Code 21076 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63600 Date of Disbursement 03 / 06 / 2006
	Amount of Each Disbursement this Period 3359.00
B. Full Name (Last, First, Middle Initial) BULK MAILING & ADDRESSING, INC. Mailing Address 1328 CHARWOOD ROAD City HANOVER State MD Zip Code 21076 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63601 Date of Disbursement 03 / 27 / 2006
	Amount of Each Disbursement this Period 10165.00
C. Full Name (Last, First, Middle Initial) CAMPAIGN FUNDING DIRECT Mailing Address 1420 SPRING HILL RD STE 490 City MCLEAN State VA Zip Code 22102 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40710 Date of Disbursement 01 / 04 / 2006
	Amount of Each Disbursement this Period 10000.00

SUBTOTAL of Disbursements This Page (optional)	23524.00
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) CAMPAIGN FUNDING DIRECT	Transaction ID: SB21B.63605 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
	Mailing Address 1420 SPRING HILL RD STE 490 City MCLEAN State VA Zip Code 22102 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name Category/Type 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:
Amount of Each Disbursement this Period 20370.00	
B. Full Name (Last, First, Middle Initial) CATTERTON PRINTING & MAILSHOP	Transaction ID: SB21B.40712 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
	Mailing Address 100 POST OFFICE RD City WALDORF State MD Zip Code 20602 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name Category/Type 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:
Amount of Each Disbursement this Period 740.19	
C. Full Name (Last, First, Middle Initial) CATTERTON PRINTING & MAILSHOP	Transaction ID: SB21B.63609 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
	Mailing Address 100 POST OFFICE RD City WALDORF State MD Zip Code 20602 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name Category/Type 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:
Amount of Each Disbursement this Period 3077.70	

SUBTOTAL of Disbursements This Page (optional) ▶

24187.89

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 16 / 28

<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.</p> <p>Full Name (Last, First, Middle Initial) DM GROUP</p> <p>Mailing Address 201 SKIPJACK ROAD</p> <p>City PRINCE FREDERICK State MD Zip Code 20678</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.40729</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2365.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) EBERLE COMMUNICATIONS GROUP</p> <p>Mailing Address 1420 SPRING HILL ROAD, SUITE 490</p> <p>City MCLEAN State VA Zip Code 22102</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.40505</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="665.00"/></p>
<p>C.</p> <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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB21B.63615</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2555.36"/></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) GILLIS DATA & INFORMATION SERVICES, LLC</p> <p>Mailing Address 8990 WESTCHESTER DRIVE</p> <p>City MANASSAS State VA Zip Code 20112</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.40718</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p><input type="text" value="001"/> Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) GILLIS DATA & INFORMATION SERVICES, LLC</p> <p>Mailing Address 8990 WESTCHESTER DRIVE</p> <p>City MANASSAS State VA Zip Code 20112</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.63620</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <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="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7.16"/></p> <p><input type="text" value="001"/> Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) GILLIS DATA & INFORMATION SERVICES, LLC</p> <p>Mailing Address 8990 WESTCHESTER DRIVE</p> <p>City MANASSAS State VA Zip Code 20112</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.63621</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2724.83"/></p> <p><input type="text" value="001"/> Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="4731.99"/></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)

PAGE 18 / 28

<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 Mailing Address 21721-A FILIGREE CT City ASHBURN State VA Zip Code 20147 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.40721 Date of Disbursement 01 / 17 / 2006
	Amount of Each Disbursement this Period 606.00
	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) MDI IMAGING & MAIL Mailing Address 21721-A FILIGREE CT City ASHBURN State VA Zip Code 20147 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63626 Date of Disbursement 02 / 13 / 2006
	Amount of Each Disbursement this Period 33.20
	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) MDI IMAGING & MAIL Mailing Address 21721-A FILIGREE CT City ASHBURN State VA Zip Code 20147 Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAIL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.63627 Date of Disbursement 03 / 06 / 2006
	Amount of Each Disbursement this Period 1717.76
	Category/ Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2356.96

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 <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement LIST RENTALS 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.40723 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 <hr/> Amount of Each Disbursement this Period 1590.40
B.	Full Name (Last, First, Middle Initial) OMEGA LIST COMPANY <hr/> Mailing Address 1420 SPRING HILL RD STE 490 <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement LIST RENTALS 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.63631 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6 <hr/> Amount of Each Disbursement this Period 945.00
C.	Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC <hr/> Mailing Address 4841 DILLON DR <hr/> City PUEBLO State CO Zip Code 81008 <hr/> Purpose of Disbursement CAGING & ESCROW 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.63637 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 <hr/> Amount of Each Disbursement this Period 1447.13

SUBTOTAL of Disbursements This Page (optional) ▶	3982.53
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) PREMIER FULFILLMENT & PROCESSING INC <hr/> Mailing Address 4841 DILLON DR <hr/> City PUEBLO State CO Zip Code 81008 <hr/> Purpose of Disbursement CAGING & ESCROW Candidate Name	Transaction ID: SB21B.63638 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
	Amount of Each Disbursement this Period 36.12
Disbursement For: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type

B. Full Name (Last, First, Middle Initial) PREMIER FULFILLMENT & PROCESSING INC <hr/> Mailing Address 4841 DILLON DR <hr/> City PUEBLO State CO Zip Code 81008 <hr/> Purpose of Disbursement CAGING & ESCROW Candidate Name	Transaction ID: SB21B.63639 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
	Amount of Each Disbursement this Period 187.57
Disbursement For: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type

C. Full Name (Last, First, Middle Initial) TRI-STATE ENVELOPE CORP <hr/> Mailing Address 6900 FAIGLE ROAD BOX 433 <hr/> City BELTSVILLE State MD Zip Code 20705 <hr/> Purpose of Disbursement DIRECT MAIL FUNDRAISING FOR AAI Candidate Name	Transaction ID: SB21B.40726 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
	Amount of Each Disbursement this Period 1358.82
Disbursement For: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	003 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1582.51
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) WELLS FARGO BANK <hr/> Mailing Address PO BOX 5247 <hr/> City DENVER State CO Zip Code 80274 <hr/> Purpose of Disbursement ACCOUNT ANALYSIS CHARGE 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.40695 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">162.41</td> </tr> </table> <hr/> Category/Type <table border="1"> <tr> <td style="text-align: center;">001</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	1	/	2	0	0	6	162.41	001
M	M	/	D	D	/	Y	Y	Y	Y															
0	2	/	2	1	/	2	0	0	6															
162.41																								
001																								
B.	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 ACCOUNT ANALYSIS CHARGE 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.40696 Date of Disbursement <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>3</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">88.56</td> </tr> </table> <hr/> Category/Type <table border="1"> <tr> <td style="text-align: center;">001</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	0	/	2	0	0	6	88.56	001
M	M	/	D	D	/	Y	Y	Y	Y															
0	3	/	2	0	/	2	0	0	6															
88.56																								
001																								
C.	Full Name (Last, First, Middle Initial) WEST END PRINTING <hr/> Mailing Address 1619 SHERWOOD AVE <hr/> City RICHMOND State VA Zip Code 23220 <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.40727 Date of Disbursement <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>3</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">4765.63</td> </tr> </table> <hr/> Category/Type <table border="1"> <tr> <td style="text-align: center;">003</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	7	/	2	0	0	6	4765.63	003
M	M	/	D	D	/	Y	Y	Y	Y															
0	3	/	2	7	/	2	0	0	6															
4765.63																								
003																								

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td style="text-align: right;">5016.60</td> </tr> </table>	5016.60
5016.60		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td style="text-align: right;">94899.96</td> </tr> </table>	94899.96
94899.96		

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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 ALLEN BRANDSTATER	Transaction ID: SB26.40742
	Mailing Address 1241 OAK CIRCLE DRIVE	Date of Disbursement MM / DD / YYYY 02 / 13 / 2006
	City GLENDALE State CA Zip Code 91208	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement LOAN REPAYMENT Candidate Name	009 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) MR ALLEN BRANDSTATER	Transaction ID: SB26.40699
	Mailing Address 1241 OAK CIRCLE DRIVE	Date of Disbursement MM / DD / YYYY 02 / 15 / 2006
	City GLENDALE State CA Zip Code 91208	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement LOAN REPAYMENT Candidate Name	009 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) MR ALLEN BRANDSTATER	Transaction ID: SB26.40693
	Mailing Address 1241 OAK CIRCLE DRIVE	Date of Disbursement MM / DD / YYYY 03 / 06 / 2006
	City GLENDALE State CA Zip Code 91208	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement LOAN REPAYMENT Candidate Name	009 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)	2100.00
TOTAL This Period (last page this line number only)	2100.00

SCHEDULE C (FEC Form 3X)

LOANS

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

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

Transaction ID: SC/10.11562

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

MR ALLEN BRANDSTATER

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address 1241 OAK CIRCLE DRIVE

City GLENDALE State CA ZIP Code 91208

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	2100.00	900.00

TERMS

Date Incurred: M M 1 2, D D 0 2, Y Y Y Y 2 0 0 5
 Date Due: ON DEMAND
 Interest Rate: 0 % (apr)
 Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="900.00"/>
TOTALS This Period (last page in this line only)	<input type="text" value="900.00"/>

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BULK MAILING & ADDRESSING, INC.			Nature of Debt (Purpose): DIRECT MAIL FUNRAISING FOR AAIL
Mailing Address 1328 CHARWOOD ROAD			
City HANOVER	State MD	ZIP Code 21076	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.40707	
Amount Incurred This Period 41403.58	Payment This Period 37254.00	Outstanding Balance at Close of This Period 4149.58	

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

Outstanding Balance Beginning This Period 48759.88		Transaction ID: SD10.11517	
Amount Incurred This Period 14071.23	Payment This Period 30370.00	Outstanding Balance at Close of This Period 32461.11	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CATTERTON PRINTING & MAILSHOP			Nature of Debt (Purpose): PRINTING - DIRECT MAIL FUNDRAISING
Mailing Address 100 POST OFFICE RD			
City WALDORF	State MD	ZIP Code 20602	

Outstanding Balance Beginning This Period 3817.89		Transaction ID: SD10.11518	
Amount Incurred This Period 0.00	Payment This Period 3817.89	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional).....	36610.69
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			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: SD10.40711	
Amount Incurred This Period 14368.15	Payment This Period 0.00	Outstanding Balance at Close of This Period 14368.15	

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

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.40713	
Amount Incurred This Period 13432.10	Payment This Period 0.00	Outstanding Balance at Close of This Period 13432.10	

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 0.00		Transaction ID: SD10.40714	
Amount Incurred This Period 4212.88	Payment This Period 2365.00	Outstanding Balance at Close of This Period 1847.88	

1) SUBTOTALS This Period This Page (optional).....	29648.13
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 <input type="text" value="3951.30"/>	Transaction ID: SD10.11519	
Amount Incurred This Period <input type="text" value="4509.27"/>	Payment This Period <input type="text" value="2605.36"/>	Outstanding Balance at Close of This Period <input type="text" value="5855.21"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor GILLIS DATA & INFORMATION SERVICES, LLC	Nature of Debt (Purpose): DATA PROCESSING
Mailing Address 8990 WESTCHESTER DRIVE	
City State ZIP Code MANASSAS VA 20112	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: SD10.40717	
Amount Incurred This Period <input type="text" value="6956.99"/>	Payment This Period <input type="text" value="4731.99"/>	Outstanding Balance at Close of This Period <input type="text" value="2225.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: SD10.40719	
Amount Incurred This Period <input type="text" value="2058.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2058.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="10138.21"/>
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 MDI IMAGING & MAIL			Nature of Debt (Purpose): MAILHOUSE - DIRECT MAIL FUNDRAISING
Mailing Address 21721-A FILIGREE CT			
City ASHBURN	State VA	ZIP Code 20147	

Outstanding Balance Beginning This Period <input type="text" value="7719.31"/>		Transaction ID: SD10.11520	
Amount Incurred This Period <input type="text" value="1252.70"/>	Payment This Period <input type="text" value="2356.96"/>	Outstanding Balance at Close of This Period <input type="text" value="6615.05"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="13610.42"/>		Transaction ID: SD10.11521	
Amount Incurred This Period <input type="text" value="9203.09"/>	Payment This Period <input type="text" value="2535.40"/>	Outstanding Balance at Close of This Period <input type="text" value="20278.11"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PREMIER FULFILLMENT & PROCESSING INC			Nature of Debt (Purpose): CAGING & ESCROW
Mailing Address 4841 DILLON DR			
City PUEBLO	State CO	ZIP Code 81008	

Outstanding Balance Beginning This Period <input type="text" value="1732.01"/>		Transaction ID: SD10.11522	
Amount Incurred This Period <input type="text" value="3771.42"/>	Payment This Period <input type="text" value="1732.01"/>	Outstanding Balance at Close of This Period <input type="text" value="3771.42"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="30664.58"/>
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 TRI-STATE ENVELOPE CORP			Nature of Debt (Purpose): PRINTING - DIRECT MAIL FU-NDRAISING
Mailing Address 6900 FAIGLE ROAD BOX 433			
City BELTSVILLE	State MD	ZIP Code 20705	

Outstanding Balance Beginning This Period 1358.82		Transaction ID: SD10.11523	
Amount Incurred This Period 0.00	Payment This Period 1358.82	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WEST END PRINTING			Nature of Debt (Purpose): PRINTING - DIRECT MAIL FU-NDRAISING
Mailing Address 1619 SHERWOOD AVE			
City RICHMOND	State VA	ZIP Code 23220	

Outstanding Balance Beginning This Period 14765.63		Transaction ID: SD10.11524	
Amount Incurred This Period 0.00	Payment This Period 4765.63	Outstanding Balance at Close of This Period 10000.00	

1) SUBTOTALS This Period This Page (optional).....	▶	10000.00
2) TOTALS This Period (last page this line number only).....	▶	117061.61
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	900.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	117961.61