

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For 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

ISSA FOR CONGRESS

ADDRESS (number and street) P O BOX 760
 Check if different than previously reported. (ACC) VISTA CA 92085

2. **FEC IDENTIFICATION NUMBER** C00350520
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A) CA 49

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 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 01 01 2007 through 03 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 JUSTIN LEE

Signature of Treasurer Electronically Filed by JUSTIN LEE Date 04 12 2007

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

ISSA FOR CONGRESS

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	78447.00	78447.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	78447.00	78447.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	33034.90	46687.88
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	33034.90	46687.88
8. Cash on Hand at Close of Reporting Period (from Line 27).....	57693.81	
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).....	1500000.00	

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

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
 ISSA FOR CONGRESS

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

33600.00

33600.00

(ii) Unitemized.....

2347.00

2347.00

(iii) TOTAL of contributions

35947.00

35947.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

42500.00

42500.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

78447.00

78447.00

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

1378.92

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

78447.00

79825.92

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	33034.90	46687.88
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	25000.00	25000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	320000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	320000.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	1000.00	3703.78
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	59034.90	395391.66

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	38281.71
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	78447.00
25. SUBTOTAL (add Line 23 and Line 24).....	116728.71
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	59034.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	57693.81

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)
ISSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
J R ABINADER

Mailing Address 5603 CHESTERBROOK RD

City State Zip Code
BETHESDA MD 20816

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

Name of Employer MOROCCAN AMERICAN CENTER Occupation EXECUTIVE

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: SA11A1.21113

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address PO BOX 2441

City State Zip Code
RNACHO SANTA FE CA 92067

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

Name of Employer EVANS TIRE & SERVICE Occupation EXECUTIVE

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 03 / 2007

Transaction ID: SA11A1.20996

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 111 CASCADE ROAD

City State Zip Code
STAMFORD CT 06903

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

Name of Employer Occupation HOMEMAKER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2007

Transaction ID: SA11A1.21130

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SUSAN H BAUMANN

Mailing Address 414 SILVERGATE AVE

City State Zip Code
SAN DIEGO CA 92106

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

Name of Employer Occupation
SHELTER ISLAND INC RESTAURANT OWNER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: SA11A1.21036

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
TIMOTHY E BINNING

Mailing Address 7302 WAYNE DR

City State Zip Code
ANNANDALE VA 22003

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

Name of Employer Occupation
BDGR INC PUBLIC AFFAIRS

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.21018

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
BILL K BREWSTER

Mailing Address PO BOX 459

City State Zip Code
BATESVILLE TX 78829

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

Name of Employer Occupation
CAPITAL HILL CONSULTING GROUP CONSULTANT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.21060

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **2000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WILLIAM STEPHEN CANNON

Mailing Address 209 BROOKSCHASE LANE

City State Zip Code
RICHMOND VA 23229

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

Name of Employer Occupation
CONSTANTINE & CANNON ATTORNEY

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2007

Transaction ID: SA11A1.21062

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
EDMOND CHAMMAS

Mailing Address 13703 LAKESHORE WAY COVE

City State Zip Code
HOUSTON TX 77077

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

Name of Employer Occupation
PIPE RECOVERY SYSTEMS EXECUTIVE

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: SA11A1.21133

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
CAMILLE CHIDIAC

Mailing Address 9000 SUNSET STE 1110

City State Zip Code
W HOLLYWOOD CA 90069

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

Name of Employer Occupation
SELF EMPLOYED ASSISTANT FILM DIRECTOR

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: SA11A1.21104

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GEORGE T CODY

Mailing Address 6575 MEDINAH LANE

City State Zip Code
ALEXANDRIA VA 22312

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

Name of Employer
AMERICAN TASK FORCE FOR LEBANO

Occupation
EXECUTIVE DIRECTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: SA11A1.21112

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
WILLIAM M DEGROOT

Mailing Address 29 MONUMENT SQUARE

City State Zip Code
CHARLESTOWN MA 02129

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

Name of Employer
MILLENNIUM PHARMACEUTICAL-S, IN

Occupation
ASSOCIATE DIRECTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2007

Transaction ID: SA11A1.21061

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
LEWIS R ELIAS

Mailing Address 255 BAY DRIVE

City State Zip Code
BAL HARBOUR FL 33154

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

Name of Employer
SOUTH FLORIDA CARDIAC ASS-OC

Occupation
PHYSICIAN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: SA11A1.21106

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHARLES A FEGHALI

Mailing Address 1715 STRINE DR

City State Zip Code
MCLEAN VA 22101

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

Name of Employer INTERSTATE RESOURCES INC Occupation PRESIDENT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: SA11A1.21099

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
EDWARD GABRIEL

Mailing Address 4801 FOXHALL CRESCENT NW

City State Zip Code
WASHINGTON DC 20007

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

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2007

Transaction ID: SA11A1.21134

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 515 ESTREMOR

City State Zip Code
OCEANSIDE CA 92057

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

Name of Employer HOOT WING LLC Occupation PRESIDENT/CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 22 / 2007

Transaction ID: SA11A1.21038

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN M GUZIK

Mailing Address 7908 OAK HOLLOW LANE

City State Zip Code
FAIRFAX STATION VA 22039

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

Name of Employer Occupation
THE FRANKLIN PARTNERSHIP PRESIDENT

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: SA11A1.21124

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
GREGG R HAMANN

Mailing Address 11123 VALLEY LIGHTS DR

City State Zip Code
EL CAJON CA 92020

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

Name of Employer Occupation
HAMANN CONSTRUCTION CONTRACTOR

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 03 / 2007

Transaction ID: SA11A1.20998

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
MICHAEL J HUDOME

Mailing Address 10401 BUCKBOARD PL

City State Zip Code
POTOMAC MD 20854

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

Name of Employer Occupation
HUDOME ASSOCIATES BUSINESS OWNER

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: SA11A1.21110

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RAY R IRANI

Mailing Address 10889 WILSHIRE BLVD

City State Zip Code
LOS ANGELES CA 90024

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

Name of Employer OCCIDENTAL PETROEUM Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: SA11A1.21103

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
WILLIAM 'BUCK' JOHNS

Mailing Address 2600 MESA DRIVE

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer INLAND GROUP INC Occupation PRESIDENT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 21 / 2007

Transaction ID: SA11A1.21040

Amount of Each Receipt this Period
2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
DAVID C JORY

Mailing Address 4528 MACOMB ST NW

City State Zip Code
WASHINGTON DC 20016

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

Name of Employer SCHWABE, WILLIAMSON, & WY-ATT Occupation ATTORNEY

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2007

Transaction ID: SA11A1.21066

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	3600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CATHERINE KASSOUF

Mailing Address 4775 DOTY EAST

City SOUTHINGTON State OH Zip Code 44470

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

Name of Employer Occupation
HOMEMAKER

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: SA11A1.21117

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
DEEB F. KEAMY

Mailing Address 7417 HOLLY AVE

City TAKOMA PARK State MD Zip Code 20912

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

Name of Employer Occupation
ATFL DEPUTY EXECUTIVE DIRECTOR

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: SA11A1.21089

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
SAMILADEKI

Mailing Address 702 PEARL ST #D

City LA JOLLA State CA Zip Code 92037

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

Name of Employer Occupation
SAMMY'S CALIFORNIA WOODFI-RED PIZZA OWNER

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: SA11A1.21109

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	3250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THOMAS E LORENTZEN

Mailing Address 20891 SAN MIGUEL AVE

City State Zip Code
CASTRO VALLEY CA 94546

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

Name of Employer Occupation
US GENERAL SERVICES ADMINISTRATION

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.20985

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 812 E CAPITOL ST NE

City State Zip Code
WASHINGTON DC DC 20003

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

Name of Employer Occupation
COPELAND, LOWERY AND JACQUEZ PRINCIPAL

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.21127

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
BRIAN A LUNDE

Mailing Address 1020 N POTOMAC ST

City State Zip Code
ARLINGTON VA 22205

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

Name of Employer Occupation
BDGR INC CONSULTANT/PUBLIC AFFAIRS

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA11A1.21020

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	3550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

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

Mailing Address 1506 DEWBERRY CT

City State Zip Code
MCLEAN VA 22101

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

Name of Employer Occupation
REDMON PEYTON & BRASWELL LLP PARTNER

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: SA11A1.21095

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
MAJIDA MOURAD

Mailing Address 4201 CATHEDRAL AVE #507W

City State Zip Code
WASHINGTON DC 20016

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

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: SA11A1.21091

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
BRIAN MUNROE

Mailing Address 9447 BRENNER COURT

City State Zip Code
VIENNA VA 22180

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

Name of Employer Occupation
MILLENNIUM PHARMACEUTICALS CHAIRMAN

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2007

Transaction ID: SA11A1.21053

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

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

Mailing Address 2532 CALLE DEL ORO

City LA JOLLA State CA Zip Code 92037

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

Name of Employer WESTERN GROWERS ASSOCIATION
Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2007

Transaction ID: SA11A1.21123

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
ROY V PAULSON

Mailing Address 46752 RAINBOW CANYON RD

City TEMECULA State CA Zip Code 92592

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

Name of Employer PAULSON MANUFACTURING CORP
Occupation PRESIDENT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 03 / 2007

Transaction ID: SA11A1.21006

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
KAREN PRESCOTT

Mailing Address 1440 LOS CEDROS LANE

City ESCONDIDO State CA Zip Code 92026

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

Name of Employer NAT'L ELECTRICAL CONTRACTORS
Occupation DIRECTOR OF GOV AFFAIRS

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2007

Transaction ID: SA11A1.21041

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
TANYA RAHALL

Mailing Address 1514 21ST STREET NW UNIT 7

City WASHINGTON State DC Zip Code 20036

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

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 29 / 2007

Transaction ID: SA11A1.21088

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
DAVID J SADD

Mailing Address 1101 30TH ST NW STE 500

City WASHINGTON State DC Zip Code 20007

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

Name of Employer THE DAVID SADD COMPANY Occupation EXECUTIVE

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 29 / 2007

Transaction ID: SA11A1.21097

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
OSCAR SEIKALY

Mailing Address 4401 ISLAND RD

City MIAMI State FL Zip Code 33137

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

Name of Employer FIDELITY & MARINE INSURANCE Occupation PRESIDENT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 26 / 2007

Transaction ID: SA11A1.21125

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

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

Mailing Address 904 GEORGETOWN RIDGE CT

City State Zip Code
MC LEAN VA 22102

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

Name of Employer Occupation
ALSAC - ST JUDE EXECUTIVE DIRECTOR

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2007

Transaction ID: SA11A1.21128

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
PETER J TANOUS

Mailing Address 1100 CONNECTICUT AVE NW #5540

City State Zip Code
WASHINGTON DC 20036

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

Name of Employer Occupation
LYNX INVESTMENT ADVISORY LLC EXECUTIVE

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2007

Transaction ID: SA11A1.21108

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
THOMAS A TANURY

Mailing Address 6 NEW ENGLAND WAY

City State Zip Code
LINCOLN RI 02865

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

Name of Employer Occupation
TANURY INDUSTRIES CHAIRMAN

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2007

Transaction ID: SA11A1.21096

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AL TWAINY

Mailing Address PO BOX 46854

City State Zip Code
LAS VEGAS NV 89114

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

Name of Employer Occupation
REMAX RELATOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: SA11A1.21118

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
JENNIFER VESEY

Mailing Address 1320 N VEITCH STREET 505

City State Zip Code
ARLINGTON VA 22201

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

Name of Employer Occupation
MGI PHARMA SENIOR MANAGER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2007

Transaction ID: SA11A1.21121

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
VIEJAS TRIBAL GOVERNMENT

Mailing Address 1 VIEJAS GRANDE ROAD

City State Zip Code
ALPINE CA 91901

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: SA11A1.21132

Amount of Each Receipt this Period
2300.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 45
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
VIEJAS TRIBAL GOVERNMENT

Mailing Address 1 VIEJAS GRANDE ROAD

City State Zip Code
ALPINE CA 91901

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4450.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2007

Transaction ID: SA11A1.21144

Amount of Each Receipt this Period
2150.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
HALEEM ZIHENNI

Mailing Address 675 WILMOT RD

City State Zip Code
SCARSDALE NY 10583

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

Name of Employer Occupation
OMNI CONTRACTING OWNER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2007

Transaction ID: SA11A1.21101

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2650.00
TOTAL This Period (last page this line number only)	▶	33600.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 45
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2007
Mailing Address 100 Abbott Park Rd. D312 AP6D		Transaction ID: SA11C.21135
City State Zip Code Abbott Park IL 60064	FEC ID number of contributing federal political committee. C C00040279	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) B. ALLERGAN INC POLITICAL ACTION COMM FOR EMPLOYEES (APACE)		Date of Receipt M M / D D / Y Y Y Y Y 01 / 24 / 2007
Mailing Address 2148 E ORANGEVIEW LN		Transaction ID: SA11C.21022
City State Zip Code ORANGE CA 92867	FEC ID number of contributing federal political committee. C C00292102	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) C. AMERICAN DENTAL POLITICAL ACTION CMTE.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007
Mailing Address 1111 14th Street NW Suite 1100		Transaction ID: SA11C.21044
City State Zip Code Washington DC 20005	FEC ID number of contributing federal political committee. C C00000729	Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 45
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMGEN INC. POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 03 / 27 / 2007
Mailing Address 555 13th Street Suite 600 West		Transaction ID: SA11C.21079
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C C00251876	CONTRIBUTION	
Name of Employer Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. AZ PAC (ZENECA INC PAC)		Date of Receipt MM / DD / YYYY 03 / 27 / 2007
Mailing Address 1800 CONCORD PIKE PO BOX 15438		Transaction ID: SA11C.21080
City WILMINGTON State DE Zip Code 19850	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00279455	CONTRIBUTION	
Name of Employer Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. BAE SYSTEMS USA PAC		Date of Receipt MM / DD / YYYY 03 / 20 / 2007
Mailing Address 1215 JEFFERSON DAVIS HIGHWAY STE 1500		Transaction ID: SA11C.21087
City ARLINGTON State VA Zip Code 22202	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C c00281212	CONTRIBUTION	
Name of Employer Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 45
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)
ISSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BAE SYSTEMS USA PAC

Mailing Address 1215 JEFFERSON DAVIS HIGHWAY
STE 1500

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** c00281212

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2007

Transaction ID: SA11C.21081

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
BIOTECHNOLOGY INDUSTRY ORGANIZATION PAC (BIO PAC)

Mailing Address 1225 Eye Street N.W. Suite 400
SUITE 400

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00355677

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 12 / 2007

Transaction ID: SA11C.21048

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
CONSUMER ELECTRONICS ASSOCIATION PAC

Mailing Address 2500 WILSON BLVD

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00375048

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 08 / 2007

Transaction ID: SA11C.21025

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	6000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 45
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CUBIC CORPORATION PAC

Mailing Address 9333 BALBOA AVE

City State Zip Code
SAN DIEGO CA 92123

FEC ID number of contributing federal political committee. **C** C00151787

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2007

Transaction ID: SA11C.21047

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
ELI LILLY AND COMPANY PAC

Mailing Address 555 TWELFTH STREET NW
STE 650

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00082792

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2007

Transaction ID: SA11C.21073

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 520 S. GRAND AVE. STE. 700

City State Zip Code
LOS ANGELES CA 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2007

Transaction ID: SA11C.21082

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 24 / 45
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. FLUOR CORPORATION PUBLIC AFFAIRS COMMITTEE (FLUOR PAC)
 Mailing Address ONE FLUOR DANIEL DRIVE
 City State Zip Code
 ALISO VIEJO CA 92698
 FEC ID number of contributing federal political committee. **C** C00034132
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 23 / 2007
Transaction ID: SA11C.21083
 Amount of Each Receipt this Period
 2500.00
CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
B. GENENTECH INC POLITICAL ACTION COMMITTEE (GENENPAC)
 Mailing Address 460 POINT SAN BRUNO BLVD
 City State Zip Code
 SO SAN FRANCISCO CA 94080
 FEC ID number of contributing federal political committee. **C** C00199257
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 22 / 2007
Transaction ID: SA11C.21074
 Amount of Each Receipt this Period
 1000.00
CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
C. GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN
 Mailing Address 3190 FAIRVIEW PARK DRIVE
 City State Zip Code
 FALLS CHURCH VA 22042
 FEC ID number of contributing federal political committee. **C** C00078451
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 29 / 2007
Transaction ID: SA11C.21023
 Amount of Each Receipt this Period
 1000.00
CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4500.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 25 / 45
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. JOHNSON & JOHNSON EMPLOYEES' GOOD GOVERNMENT FUND
 Mailing Address ONE JOHNSON & JOHNSON PLAZA
 City State Zip Code
 NEW BRUNSWICK NJ 08933
 FEC ID number of contributing federal political committee. **C** C00010983
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2007
Transaction ID: SA11C.21077
 Amount of Each Receipt this Period
 1000.00
CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
B. LOCKHEED MARTIN EMPLOYEES' POLITICAL ACTION COMMITTEE
 Mailing Address 1550 Crystal Drive Suite 300
 City State Zip Code
 Arlington VA 22202
 FEC ID number of contributing federal political committee. **C** C00303024
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 22 / 2007
Transaction ID: SA11C.21136
 Amount of Each Receipt this Period
 1000.00
CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
C. MILLENNIUM PHARMACEUTICALS INC PAC
 Mailing Address 40 LANDSDOWNE STREET
 City State Zip Code
 CAMBRIDGE MA 02139
 FEC ID number of contributing federal political committee. **C** C00407460
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2007
Transaction ID: SA11C.21072
 Amount of Each Receipt this Period
 1000.00
CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3000.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 45
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NAPUS PAC FOR POSTMASTERS (FKA POLITICAL EDUCATION FOR POSTMASTERS)

Mailing Address 8 HERBERT STREET

City State Zip Code
ALEXANDRIA VA 22305

FEC ID number of contributing federal political committee. **C** C00100404

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 26 / 2007

Transaction ID: SA11C.21084

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
NOVARTIS CORPORATION POLITICAL ACTION COMMITTEE (A.K.A. NOVARTIS PAC)

Mailing Address 701 Pennsylvania Ave. NW
Suite 725

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00033969

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: SA11C.21138

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
NRA - POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL ROAD

City State Zip Code
FAIRFAX VA 22030

FEC ID number of contributing federal political committee. **C** c00053553

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11C.21137

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 45
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PFIZER PAC

Mailing Address 235 E 42ND ST

City State Zip Code
NEW YORK NY 10017

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2007

Transaction ID: SA11C.21139

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
PURDUE PHARMA INC. POLITICAL ACTION COMMITTEE (PURDUE PAC)

Mailing Address c/o Henry Shaw CPA P.C.
106 Corporate Park Dr. Suite 307

City State Zip Code
White Plains NY 10604

FEC ID number of contributing federal political committee. **C** C00370643

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2007

Transaction ID: SA11C.21078

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
QPAC

Mailing Address 2000 K ST #375

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00339085

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2007

Transaction ID: SA11C.21085

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 45
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1100 Wilson Boulevard
Suite 1500

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA11C.21024

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
SAIC VOLUNTARY PAC

Mailing Address 10260 CAMPUS POINT DR F2

City SAN DIEGO State CA Zip Code 92121

FEC ID number of contributing federal political committee. **C** C00300418

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 0 7

Transaction ID: SA11C.21046

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
SIEMENS CORPORATION PAC

Mailing Address 701 PENNSYLVANIA AVE NW
STE 720

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00353797

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA11C.21086

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 45
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE GLAXOSMITHKLINE PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address FIVE MOORE DRIVE		Transaction ID: SA11C.21075
City RESEARCH TRINANGLE State NC Zip Code 27709	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00199703		CONTRIBUTION <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. THE GLAXOSMITHKLINE PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address FIVE MOORE DRIVE		Transaction ID: SA11C.21076
City RESEARCH TRINANGLE State NC Zip Code 27709	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00199703		CONTRIBUTION <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. WAL-MART STORES, INC PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 702 SW 8TH STREET		Transaction ID: SA11C.21140
City BENTONVILLE State AZ Zip Code 72716	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00093054		CONTRIBUTION <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	42500.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DAVID BAUER		Transaction ID: SB17.20933 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7
Mailing Address 555 GREENBRIER DR #26		Amount of Each Disbursement this Period 250.00
City OCEANSIDE State CA Zip Code 92054	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DATABASE MANAGEMENT Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. BISTRO BIS AND THE HOTEL GEORGE		Transaction ID: SB17.20935 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 15 E ST NW		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT EXP DEPOSIT - FOOD & BEVERAGE Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. BISTRO BIS AND THE HOTEL GEORGE		Transaction ID: SB17.20967 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 15 E ST NW		Amount of Each Disbursement this Period 841.85
City WASHINGTON State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT EXPENSE - FOOD & BEVERAGE Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2091.85
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CALIFORNIA REPUBLICAN PARTY		Transaction ID: SB17.20941 Date of Disbursement
Mailing Address 1903 W MAGNOLIA BLVD		<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
City BURBANK	State CA	Zip Code 91506
Purpose of Disbursement CONVENTION REGISTRATION FEES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="90.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CALIFORNIA REPUBLICAN PARTY		Transaction ID: SB17.20964 Date of Disbursement
Mailing Address 1903 W MAGNOLIA BLVD		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2007"/>
City BURBANK	State CA	Zip Code 91506
Purpose of Disbursement DUES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="48.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB		Transaction ID: SB17.20972 Date of Disbursement
Mailing Address 300 FIRST ST., SE		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement EVENT EXPENSE - FOOD & BEVERAGE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="244.51"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="382.51"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THOMAS COLBY		Transaction ID: SB17.20974 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 27081 PUERTA DEL ORO		Amount of Each Disbursement this Period 260.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City MISSION VIEJO State CA Zip Code 92691	Purpose of Disbursement DATABASE MANAGEMENT Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. RHONDA GETCHELL		Transaction ID: SB17.20939 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 1500 SHADOWRIDGE DR APT 54		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City VISTA State CA Zip Code 92081	Purpose of Disbursement DATABASE MANAGEMENT Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. RHONDA GETCHELL		Transaction ID: SB17.20950 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7
Mailing Address 1500 SHADOWRIDGE DR APT 54		Amount of Each Disbursement this Period 610.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City VISTA State CA Zip Code 92081	Purpose of Disbursement DATABASE MANAGEMENT Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	970.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RHONDA GETCHELL		Transaction ID: SB17.20957 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7
Mailing Address 1500 SHADOWRIDGE DR APT 54		Amount of Each Disbursement this Period 420.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City VISTA State CA Zip Code 92081	Purpose of Disbursement DATABASE MANAGEMENT Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. RHONDA GETCHELL		Transaction ID: SB17.21141 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 1500 SHADOWRIDGE DR APT 54		Amount of Each Disbursement this Period 2563.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City VISTA State CA Zip Code 92081	Purpose of Disbursement POLITICAL CONSULTANT Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. HAMMOND & ASSOCIATES		Transaction ID: SB17.20945 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 801 NORTH PITT STREET STE 120		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement FUNDRAISING CONSULTANT Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5483.05
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HAMMOND & ASSOCIATES		Transaction ID: SB17.20960 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 801 NORTH PITT STREET STE 120		Amount of Each Disbursement this Period 2576.99
City ALEXANDRIA State VA Zip Code 22314	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING CONSULTANT Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. HAMMOND & ASSOCIATES		Transaction ID: SB17.20976 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address 801 NORTH PITT STREET STE 120		Amount of Each Disbursement this Period 2652.40
City ALEXANDRIA State VA Zip Code 22314	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING CONSULTANT Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. HILTON ALEXANDRIA OLD TOWN		Transaction ID: SB17.20981 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7
Mailing Address 1767 KING STREET		Amount of Each Disbursement this Period 1237.18
City ALEXANDRIA State VA Zip Code 22314	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONFERENCE EXP - LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6466.57
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

<p>A. HYATT REGENCY SACRAMENTO</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1209 L STREET</p>		<p>Transaction ID: SB17.20948 Date of Disbursement 02 / 07 / 2007</p>
<p>City SACRAMENTO State CA Zip Code 95814</p>	<p>Purpose of Disbursement CONVENTION EXPENSE</p>	<p>Amount of Each Disbursement this Period 1185.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>B. DARRELL ISSA</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO BOX 760</p>		<p>Transaction ID: SB17.20968 Date of Disbursement 03 / 07 / 2007</p>
<p>City VISTA State CA Zip Code 92085</p>	<p>Purpose of Disbursement EVENT EXP REIMBURSE - FOOD & BEVERAGE</p>	<p>Amount of Each Disbursement this Period 1323.96</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 49</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>C. JOHN BURNHAM INSURANCE</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO BOX 84600</p>		<p>Transaction ID: SB17.20954 Date of Disbursement 02 / 20 / 2007</p>
<p>City SAN DIEGO State CA Zip Code 92138</p>	<p>Purpose of Disbursement ANNUAL LIABILITY INSURANCE</p>	<p>Amount of Each Disbursement this Period 1211.72</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>3721.56</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LEVY RESTAURANT		Transaction ID: SB17.20970 Date of Disbursement 03 / 07 / 2007
Mailing Address 601 F STREET		Amount of Each Disbursement this Period 1323.96
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement EVENT EXP - FOOD & BEVERAGE - D ISSA	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MORONGO BANK OF MISSIONS INDIANS NATIVE AMERICAN RIGHTS FUND B		Transaction ID: SB17.20973 Date of Disbursement 03 / 14 / 2007
Mailing Address PO BOX 366		Amount of Each Disbursement this Period 2623.26
City CABAZON State CA Zip Code 92230	Purpose of Disbursement EVENT EXP - ENTERTAINMENT	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. PACIFIC WESTERN BANK (CEDARS BANK)		Transaction ID: SB17.21143 Date of Disbursement 03 / 31 / 2007
Mailing Address 18500 VON KARMAN AVE STE 550		Amount of Each Disbursement this Period 323.40
City IRVINE State CA Zip Code 92612	Purpose of Disbursement CREDIT CARD SERVICE CHARGES	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2946.66
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PATTON BOGGS		Transaction ID: SB17.20946 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 2550 M STREET NW		Amount of Each Disbursement this Period 378.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20037		
Purpose of Disbursement LEGAL FEES Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. KAREN PRESCOTT		Transaction ID: SB17.20940 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 1440 LOS CEDROS LANE		Amount of Each Disbursement this Period 2250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ESCONDIDO State CA Zip Code 92026		
Purpose of Disbursement POLITICAL CONSULTANT Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. KAREN PRESCOTT		Transaction ID: SB17.20955 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address 1440 LOS CEDROS LANE		Amount of Each Disbursement this Period 2250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ESCONDIDO State CA Zip Code 92026		
Purpose of Disbursement POLITICAL CONSULTANT Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4878.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ROPPOGI RESTAURANT		Transaction ID: SB17.20956 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address 875 PROSPECT STREET		Amount of Each Disbursement this Period 435.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City LA JOLLA State CA Zip Code 92037	Purpose of Disbursement EVENT EXPENSE - FOOD & BEVERAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. ROSA MEXICANO		Transaction ID: SB17.20984 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 575 7TH STREET AT F ST NW		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement EVENT EXP DEPOSIT - FOOD & BEVERAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINE		Transaction ID: SB17.20952 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7
Mailing Address PO BOX 36611		Amount of Each Disbursement this Period 108.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City DALLAS State TX Zip Code 75235	Purpose of Disbursement TRAVEL EXP - CONVENTION - D MCKINNEY Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	2435.19
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SYLVESTER MANAGEMENT CORPORATION		Transaction ID: SB17.20980 Date of Disbursement 03 / 26 / 2007
Mailing Address PO BOX 986		Amount of Each Disbursement this Period 450.00
City IRMO State SC Zip Code 29063	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONFERENCE REGISTRATION	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. THE CONGRESSIONAL INSTITUTE		Transaction ID: SB17.20936 Date of Disbursement 01 / 17 / 2007
Mailing Address 401 WYTHE STREET, STE 103		Amount of Each Disbursement this Period 1556.00
City ALEXANDRIA State VA Zip Code 22314	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONFERENCE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. THE MONACO GROUP		Transaction ID: SB17.20979 Date of Disbursement 03 / 23 / 2007
Mailing Address 1000 ORTEGA WAY BUILDING C		Amount of Each Disbursement this Period 196.63
City PLACENTIA State CA Zip Code 92870	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING EXP	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	2202.63
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VISTA CHAMBER OF COMMERCE		Transaction ID: SB17.20937 Date of Disbursement
Mailing Address 201 WASHINGTON ST		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City VISTA	State CA	Zip Code 92084
Purpose of Disbursement COMMUNITY SEMINAR	<input type="text" value=""/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="120.00"/>	
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		

Full Name (Last, First, Middle Initial) B. VISTA CHAMBER OF COMMERCE		Transaction ID: SB17.20942 Date of Disbursement
Mailing Address 201 WASHINGTON ST		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City VISTA	State CA	Zip Code 92084
Purpose of Disbursement COMMUNITY CONFERENCE FEES	<input type="text" value=""/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="6.00"/>	
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		

Full Name (Last, First, Middle Initial) C. VISTA CHAMBER OF COMMERCE		Transaction ID: SB17.20961 Date of Disbursement
Mailing Address 201 WASHINGTON ST		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City VISTA	State CA	Zip Code 92084
Purpose of Disbursement COMMUNITY CONFERENCE FEES	<input type="text" value=""/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period <input type="text" value="20.00"/>	
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="146.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

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

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

A. WELLS FARGO BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1000 WEST SAN MARCOS BLVD

City SAN MARCOS State CA Zip Code 92069

Purpose of Disbursement BANK SERVICE CHARGES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: SB17.21142

Date of Disbursement

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

Amount of Each Disbursement this Period

76.12

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. WILLIAM BUCK JOHNS

Full Name (Last, First, Middle Initial)

Mailing Address 2600 MEAS DRIVE

City NEWPORT BEACH State CA Zip Code 92660

Purpose of Disbursement EVENT EXP REIMBURSE - FOOD & BEVERAGE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: SB17.20958

Date of Disbursement

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

Amount of Each Disbursement this Period

516.96

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

593.08

TOTAL This Period (last page this line number only)

32317.10

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NRCC INCUMBENT SUPPORT FUND

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20515

Purpose of Disbursement
TRANSFER EXCESS FUNDS TO AUTHORIZED COMM

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB18.20949

Date of Disbursement

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

Amount of Each Disbursement this Period

25000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

25000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JIM RYUN FOR CONGRESS

Mailing Address PO BOX 826

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

State: KS District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB21.20977

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 44 / 45
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 ISSA FOR CONGRESS

Transaction ID: SC/10.4350

LOAN SOURCE Full Name (Last, First, Middle Initial) DARRELL ISSA	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 760	
City VISTA State CA ZIP Code 92085	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
750000.00	550000.00	200000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 2 D D 1 5 Y Y Y Y 2 0 0 0	02/15/2004	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 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)	200000.00
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 45 / 45
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

Transaction ID: SC/10.4308

LOAN SOURCE Full Name (Last, First, Middle Initial) DARRELL ISSA, - Personal funds	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 760	
City VISTA State CA ZIP Code 92085	

Original Amount of Loan 1300000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1300000.00
---------------------------------------	------------------------------------	---

TERMS

Date Incurred M M 09 D D 29 Y Y Y Y 2000	Date Due 09/29/2004	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	------------------------	----------------------------	---

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

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

SUBTOTALS This Period This Page (optional)	1300000.00
TOTALS This Period (last page in this line only)	1500000.00

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