

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** CA **ZIP CODE** 92085 **STATE** CA **DISTRICT** 49
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 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 2006 through 03 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer JUSTIN LEE

Signature of Treasurer Electronically Filed by JUSTIN LEE Date 04 19 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

ISSA FOR CONGRESS

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	66715.44	428209.29
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	750.47
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	66715.44	427458.82
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	49272.82	297084.71
(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)).....	49272.82	297084.71
8. Cash on Hand at Close of Reporting Period (from Line 27).....	329489.68	
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).....	1820000.00	

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	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
 Total This Period

COLUMN B
 Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

23051.00

147624.47

(ii) Unitemized.....

996.00

17445.00

(iii) TOTAL of contributions

24047.00

165069.47

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

42668.44

263139.82

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

66715.44

428209.29

(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.).....

1042.63

5652.79

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

67758.07

433862.08

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	49272.82	297084.71
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	40000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	500.47
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	750.47
21. OTHER DISBURSEMENTS.....	1100.00	14062.32
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	50372.82	351897.50

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	312104.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	67758.07
25. SUBTOTAL (add Line 23 and Line 24).....	379862.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	50372.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	329489.68

**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 / 48
	<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)
JENNIFER BENDALL

Mailing Address 600 14TH STREET NW
STE 600

City WASHINGTON State DC Zip Code 20005

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

Name of Employer BARTLETT BENDALL Occupation EXECUTIVE

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2006

Transaction ID: SA11A1.16665

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)
KENNETH CARPI

Mailing Address 202 DUKE ST.

City ALEXANDRIA State VA Zip Code 22314

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

Name of Employer CARPI & CLAY Occupation LOBBYIST

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 25 / 2006

Transaction ID: SA11A1.16613

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)
YERVANT S DEMIRJIAN

Mailing Address 2220 AVE OF THE STARS #803

City LOS ANGELES State CA Zip Code 90067

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

Name of Employer SELF EMPLOYED Occupation PRIVATE INVESTOR

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 21 / 2006

Transaction ID: SA11A1.16637

Amount of Each Receipt this Period
2000.00

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 6 / 48
	<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)
YERVANT S DEMIRJIAN

Mailing Address 2220 AVE OF THE STARS #803

City State Zip Code
LOS ANGELES CA 90067

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

Name of Employer Occupation
SELF EMPLOYED PRIVATE INVESTOR

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 21 / 2006

Transaction ID: SA11A1.16639

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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

B. Full Name (Last, First, Middle Initial)
AMARJIT DHALIWAL

Mailing Address 29934 HAZEL GLEN RD

City State Zip Code
MURRIETA CA 92563

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

Name of Employer Occupation
SUBWAY SANDWICHES STORE OWNER

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 21 / 2006

Transaction ID: SA11A1.16604

Amount of Each Receipt this Period
800.00

CONTRIBUTION

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

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

Mailing Address 127 FRANKLIN ST

City State Zip Code
STONEHAM MA 02180

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

Name of Employer Occupation
VICTORY TECHNOLOGIES INC MANAGEMENT

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 24 / 2006

Transaction ID: SA11A1.16572

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) ► 1150.00

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 / 48
	<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)
GREGORY M FRANCHI

Mailing Address 75 INVERNESS WAY

City Hillsborough State CA Zip Code 94010

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

Name of Employer INFORMATION REQUESTED Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1001.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2006

Transaction ID: SA11A1.16628

Amount of Each Receipt this Period
1001.00

CONTRIBUTION

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

B. Full Name (Last, First, Middle Initial)
FRIENDS OF RON PACKARD

Mailing Address 220 WEST GRAND AVENUE

City Escondido State CA Zip Code 92025

FEC ID number of contributing federal political committee. **C** C00149732

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2006

Transaction ID: SA11A1.16614

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)
KANWAL PREET GILL

Mailing Address 34060 LYDIA COURT

City Temecula State CA Zip Code 92592

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

Name of Employer INFORMATION REQUESTED Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2006

Transaction ID: SA11A1.16606

Amount of Each Receipt this Period
800.00

CONTRIBUTION

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

SUBTOTAL of Receipts This Page (optional) ▶ **2301.00**

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 / 48
	<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)
NIRMAL S GILL

Mailing Address 31550 LOMA LINDA RD

City State Zip Code
TEMECULA CA 92592

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

Name of Employer Occupation
TASTE OF INDIA OWNER

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: SA11A1.16596

Amount of Each Receipt this Period
800.00

CONTRIBUTION

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

B. Full Name (Last, First, Middle Initial)
JAGMOHAN S GREWAL

Mailing Address 43175 CORTE MONTILLA

City State Zip Code
TEMECULA CA 92592

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

Name of Employer Occupation
SELF EMPLOYED BUSINESS OWNER

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: SA11A1.16602

Amount of Each Receipt this Period
800.00

CONTRIBUTION

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

C. Full Name (Last, First, Middle Initial)
WILLIAM HERRICK

Mailing Address PO BOX 1743

City State Zip Code
RANCHO SANTA FE CA 92067

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

Name of Employer Occupation
HERRICK ENTERPRISES PRESIDENT

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: SA11A1.16579

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) ► **1850.00**

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 / 48
	<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)
GURJEET S KANG

Mailing Address 41445 AGEAN COURT

City State Zip Code
MURRIETA CA 92562

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

Name of Employer Occupation
SELF EMPLOYED BUSINESS OWNER

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

800.00

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

Transaction ID: SA11A1.16600

Amount of Each Receipt this Period
800.00

CONTRIBUTION

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

B. Full Name (Last, First, Middle Initial)
ASHOK KHULLAR

Mailing Address PO BOX 892186

City State Zip Code
TEMECULA CA 92589

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

Name of Employer Occupation
SUBWAY SANDWICHES STORE OWNER

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

800.00

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

Transaction ID: SA11A1.16592

Amount of Each Receipt this Period
800.00

CONTRIBUTION

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

C. Full Name (Last, First, Middle Initial)
CHARMAYNE MACON

Mailing Address 5459 MITTENDORF LANE

City State Zip Code
ALEXANDRIA VA 22315

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

Name of Employer Occupation
THE FERGUSON GROUP EXECUTIVE

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.16670

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)	2100.00
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 / 48
	<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)
CLIFF MADISON

Mailing Address 254A MARYLAND AVE NE

City WASHINGTON State DC Zip Code 20002

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

Name of Employer C.MADISON GOV'T RELATIONS, INC Occupation PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: SA11A1.16615

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)
BHINDER PANDHER

Mailing Address 42176 STONEWOOD RD #B

City TEMECULA State CA Zip Code 92591

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

Name of Employer INFORMATION REQUESTED Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: SA11A1.16594

Amount of Each Receipt this Period
800.00

CONTRIBUTION

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

C. Full Name (Last, First, Middle Initial)
PECHANGA BAND OF MISSION INDIANS

Mailing Address PO BOX 1477

City TEMECULA State CA Zip Code 92593

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: SA11A1.16575

Amount of Each Receipt this Period
2100.00

CONTRIBUTION

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

SUBTOTAL of Receipts This Page (optional)	▶	3400.00
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 / 48
	<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)
PECHANGA BAND OF MISSION INDIANS

Mailing Address PO BOX 1477

City State Zip Code
TEMECULA CA 92593

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

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

Transaction ID: SA11A1.16739

Amount of Each Receipt this Period
900.00

CONTRIBUTION

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

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

Mailing Address 1155 CAMINO DEL MAR

City State Zip Code
DEL MAR CA 92014

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

Name of Employer Occupation
SMARTDRIVE SYSTEMS INC PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA11A1.16570

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)
ANTHONY RODA

Mailing Address 3416 OLD DOMINION BLVD

City State Zip Code
ALEXANDRIA VA 22305

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

Name of Employer Occupation
WILLIAMS AND JENSEN ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.16669

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) ► **2150.00**

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 / 48
	<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)
SAGINAW CHIPPEWA INDIAN TRIBE

Mailing Address 7070 E BROADWAY

City State Zip Code
MT PLEASANT MI 48858

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 27 / 2006

Transaction ID: SA11A1.16576

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)
M. SINGH

Mailing Address PO BOX 2892

City State Zip Code
VAN NUYS CA 91404

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

Name of Employer INFORMATION REQUESTED Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2006

Transaction ID: SA11A1.16608

Amount of Each Receipt this Period
800.00

CONTRIBUTION

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

C. Full Name (Last, First, Middle Initial)
PARAMJIT SINGH

Mailing Address 45590 ALPINE PL

City State Zip Code
TEMECULA CA 92592

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

Name of Employer SELF EMPLOYED Occupation BUSINESS OWNER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2006

Transaction ID: SA11A1.16610

Amount of Each Receipt this Period
400.00

CONTRIBUTION

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

SUBTOTAL of Receipts This Page (optional)	▶	3200.00
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 / 48
	<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)
PARAMJIT SINGH

Mailing Address 45590 ALPINE PL

City State Zip Code
TEMECULA CA 92592

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

Name of Employer SELF EMPLOYED Occupation BUSINESS OWNER

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

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

Transaction ID: SA11A1.16612

Amount of Each Receipt this Period
800.00

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

B. Full Name (Last, First, Middle Initial)
AMRIT PAL S TOOR

Mailing Address 30345 SIERRA MADRE DR

City State Zip Code
TEMECULA CA 92591

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

Name of Employer SELF EMPLOYED Occupation

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

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

Transaction ID: SA11A1.16598

Amount of Each Receipt this Period
800.00

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

C. Full Name (Last, First, Middle Initial)
RAJBIR S VIRK

Mailing Address 202 FALCON PL

City State Zip Code
SAN MARCOS CA 92069

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

Name of Employer 7 ELEVEN STORE Occupation OWNER

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

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

Transaction ID: SA11A1.16590

Amount of Each Receipt this Period
800.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2400.00
TOTAL This Period (last page this line number only)	▶	23051.00

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 14 / 48
	<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)
AIRCRAFT OWNERS AND PILOTS ASSOCIATION PAC

Mailing Address 421 AVIATION WAY

City State Zip Code
FREDERICK MD 21701

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

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

Transaction ID: SA11C.16619

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

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

B. Full Name (Last, First, Middle Initial)
ALLERGAN INC POLITICAL ACTION COMM FOR EMPLOYEES (APACE)

Mailing Address 2148 E ORANGEVIEW LN

City State Zip Code
ORANGE CA 92867

FEC ID number of contributing federal political committee. **C** C00292102

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

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

Transaction ID: SA11C.16636

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)
AMERICAN ELECTRIC POWER PAC

Mailing Address 1 RIVERSIDE PLAZA

City State Zip Code
COLUMBUS OH 43215

FEC ID number of contributing federal political committee. **C** C00096842

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

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

Transaction ID: SA11C.16620

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)	▶	7000.00
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 15 / 48
(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. AMERICAN INTELLECTUAL PROPERTY LAW ASSOCIATION PAC

Mailing Address 2001 JEFFERSON DAVIS HWY
#203

City State Zip Code
ARLINGTON VA 22202

FEC ID number of contributing federal political committee. **C** C00156935

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: SA11C.16635

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. AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND

Mailing Address 2 West Dixie Highway

City State Zip Code
Dania Beach FL 33004

FEC ID number of contributing federal political committee. **C** C00027532

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: SA11C.16617

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. AMERICAN MEDICAL ASSOCIATION PAC

Mailing Address 1101 VERMONT AVENUE, NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 0 6

Transaction ID: SA11C.16650

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 16 / 48
	<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)
ASCAP LEGISLATIVE FUND FOR THE ARTS

Mailing Address 1 LINCOLN PLAZA

City State Zip Code
NEW YORK NY 10012

FEC ID number of contributing federal political committee. **C** C00228296

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA11C.16627

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)
ASCAP LEGISLATIVE FUND FOR THE ARTS

Mailing Address 1 LINCOLN PLAZA

City State Zip Code
NEW YORK NY 10012

FEC ID number of contributing federal political committee. **C** C00228296

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: SA11C.16574

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)
AT & T PAC

Mailing Address 32 AVENUE OF THE AMERICAS

City State Zip Code
NEW YORK NY 10013

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: SA11C.16634

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:	PAGE 17 / 48
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
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: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2006

Transaction ID: SA11C.16644

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)
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: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2006

Transaction ID: SA11C.16660

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)
BNSF RAILPAC

Mailing Address PO BOX 961039

City FORT WORTH State TX Zip Code 76161

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 03 / 2006

Transaction ID: SA11C.16625

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 18 / 48
	<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. CLEAR CHANNEL COMMUNICATIONS INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 200 E. Basse Road

City San Antonio State TX Zip Code 78209

FEC ID number of contributing federal political committee. **C** C00279216

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2006

Transaction ID: SA11C.16654

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. CONSUMER ELECTRONICS ASSOCIATION PAC

Full Name (Last, First, Middle Initial)
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: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2006

Transaction ID: SA11C.16622

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. CREDIT UNION LEGISLATIVE ACTION COUNCIL

Full Name (Last, First, Middle Initial)
Mailing Address 805 FIFTEENTH ST NW #300

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2006

Transaction ID: SA11C.16645

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)	▶	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 19 / 48
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CREDIT UNION LEGISLATIVE ACTION COUNCIL

Mailing Address 805 FIFTEENTH ST NW #300

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 07 / 2006

Transaction ID: SA11C.16646

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)
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: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 20 / 2006

Transaction ID: SA11C.16621

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)
DELOITTE & TOUCHE FEDERAL PAC

Mailing Address PO BOX 365

City State Zip Code
WASHINGTON DC 20044

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 01 / 2006

Transaction ID: SA11C.16623

Amount of Each Receipt this Period
2000.00

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: (check only one)	PAGE 20 / 48
	<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)
GUIDANT CORPORATION PAC

Mailing Address 111 MONUMENT CIRCLE
29TH FL

City State Zip Code
INDIANAPOLIS IN 46204

FEC ID number of contributing federal political committee. **C** C00307769

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2006

Transaction ID: SA11C.16661

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)
HOLLAND & KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENT PAC

Mailing Address 2099 PENNSYLVANIA AVE NW SUITE 100

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00171330

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2006

Transaction ID: SA11C.16657

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)
INTUIT 21ST CENTURY LEADERSHIP PAC

Mailing Address 6220 GREENWICH DR.

City State Zip Code
SAN DIEGO CA 92122

FEC ID number of contributing federal political committee. **C** C00361741

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11C.16672

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 21 / 48
	<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)
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: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2006

Transaction ID: SA11C.16647

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)
LIBERTY MUTUAL INSURANCE COMPANY-PAC

Mailing Address 175 Berkeley Steet

City State Zip Code
Boston MA 02117

FEC ID number of contributing federal political committee. **C** C00171843

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2006

Transaction ID: SA11C.16624

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

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

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

Mailing Address 1155 21st Street NW Suite 300

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00402602

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
218.44

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2006

Transaction ID: SA11C.16737

Amount of Each Receipt this Period
168.44

In-kind - FOOD & BEVERAGE

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

SUBTOTAL of Receipts This Page (optional)	▶	2668.44
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 / 48
	<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)
MICROSOFT CORPORATION PAC

Mailing Address 16011 NE 36TH WAY

City State Zip Code
REDMOND WA 98073

FEC ID number of contributing federal political committee. **C** C00227546

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2006

Transaction ID: SA11C.16662

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)
NACS POLITICAL ACTION COMMITTEE

Mailing Address 1600 Duke Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00126763

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: SA11C.16673

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)
NEWS AMERICA HOLDINGS, FOX PAC

Mailing Address 444 CAPITAL STREET STE 740

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00330019

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2006

Transaction ID: SA11C.16671

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:	PAGE 23 / 48
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2006

Transaction ID: SA11C.16655

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)
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: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2006

Transaction ID: SA11C.16578

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)
RECORDING INDUSTRY ASSN OF AMERICA PAC

Mailing Address 1330 CONNECTICUT AVE NEW STE 300

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00009357

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: SA11C.16651

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)	▶	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 24 / 48
	<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. SAIC VOLUNTARY PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2006
Mailing Address 10260 CAMPUS POINT DR F2		Transaction ID: SA11C.16648
City State Zip Code SAN DIEGO CA 92121	FEC ID number of contributing federal political committee. C C00300418	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. SIEMENS CORPORATION PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006
Mailing Address 701 PENNSYLVANIA AVE NW STE 720		Transaction ID: SA11C.16674
City State Zip Code WASHINGTON DC 20004	FEC ID number of contributing federal political committee. C C00353797	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <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. TIME WARNER POLITICAL ACTION CMTE		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2006
Mailing Address 800 Connecticut Ave. NW Suite 1200		Transaction ID: SA11C.16653
City State Zip Code Washington DC 20006	FEC ID number of contributing federal political committee. C C00339291	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <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)	▶	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 25 / 48
	<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. UNIVERSAL MUSIC GROUP POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2220 COLORADO AVENUE
 City State Zip Code
 SANTA MONICA CA 90404
 FEC ID number of contributing federal political committee. **C** C00392464
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2006
Transaction ID: SA11C.16658
 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. USAA GROUP POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1455 F STREET NW STE 420
 City State Zip Code
 WASHINGTON DC 20004
 FEC ID number of contributing federal political committee. **C** c00164145
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2006
Transaction ID: SA11C.16656
 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. US ONCOLOGY INC GOOD GOVERNMENT COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 16825 NORTHCHASE DRIVE SUITE 1300
 City State Zip Code
 HOUSTON TX 77060
 FEC ID number of contributing federal political committee. **C** C00339655
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2006
Transaction ID: SA11C.16663
 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:	PAGE 26 / 48
	(check only one)	
<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)
WELLS FARGO EMPLOYEE PAC

Mailing Address MAC N9305 171 SIXTH & MARQUETTE

City State Zip Code
MINNEAPOLIS MN 55479

FEC ID number of contributing federal political committee.
C C00034595

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2006

Transaction ID: SA11C.16649

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)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	42668.44

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 48	
	(check only one)	
<input 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 checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ISSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WELLS FARGO BANK

Mailing Address 1000 WEST SAN MARCOS BLVD

City State Zip Code
SAN MARCOS CA 92069

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5034.47

Date of Receipt

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

Transaction ID: SA15.16736

Amount of Each Receipt this Period
1042.63

INTEREST INCOME

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

SUBTOTAL of Receipts This Page (optional)	▶	1042.63
TOTAL This Period (last page this line number only)	▶	1042.63

**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: SB17.16689 Date of Disbursement
Mailing Address 1903 W MAGNOLIA BLVD		<input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
City BURBANK	State CA	Zip Code 91506
Purpose of Disbursement EVENT ROOM RENTAL	<input type="text" value="300.00"/>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) B. CALIFORNIA REPUBLICAN PARTY		Transaction ID: SB17.16706 Date of Disbursement
Mailing Address 1903 W MAGNOLIA BLVD		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2006"/>
City BURBANK	State CA	Zip Code 91506
Purpose of Disbursement DUES	<input type="text" value="168.00"/>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB		Transaction ID: SB17.16685 Date of Disbursement
Mailing Address 300 FIRST ST., SE		<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement EVENT EXPENSE - FOOD & BEVERAGE	<input type="text" value="599.02"/>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<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="1067.02"/>
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. CAPITOL HILL CLUB		Transaction ID: SB17.16704 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 300 FIRST ST., SE		Amount of Each Disbursement this Period 48.70
City WASHINGTON State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT EXPENSE - FOOD & BEVERAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB		Transaction ID: SB17.16727 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 300 FIRST ST., SE		Amount of Each Disbursement this Period 2437.20
City WASHINGTON State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT EXPENSE - FOOD & BEVERAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <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: SB17.16730 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 300 FIRST ST., SE		Amount of Each Disbursement this Period 200.00
City WASHINGTON State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT EXPENSE - FOOD & BEVERAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2685.90
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)

PAGE 30 / 48

<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. BETHANY CARLSON		Transaction ID: SB17.16690 Date of Disbursement 01 / 20 / 2006
Mailing Address 1032 LANDS END COURT		Amount of Each Disbursement this Period 430.00
City CARLSBAD State CA Zip Code 92011	Purpose of Disbursement DATABASE MANAGEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. BETHANY CARLSON		Transaction ID: SB17.16695 Date of Disbursement 01 / 31 / 2006
Mailing Address 1032 LANDS END COURT		Amount of Each Disbursement this Period 33.38
City CARLSBAD State CA Zip Code 92011	Purpose of Disbursement DATABASE MANAGEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. BETHANY CARLSON		Transaction ID: SB17.16701 Date of Disbursement 02 / 03 / 2006
Mailing Address 1032 LANDS END COURT		Amount of Each Disbursement this Period 633.46
City CARLSBAD State CA Zip Code 92011	Purpose of Disbursement DATABASE MANAGEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1096.84
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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. BETHANY CARLSON		Transaction ID: SB17.16707 Date of Disbursement 02 / 17 / 2006
Mailing Address 1032 LANDS END COURT		Amount of Each Disbursement this Period 350.00
City CARLSBAD State CA Zip Code 92011	Purpose of Disbursement DATABASE MANAGEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. BETHANY CARLSON		Transaction ID: SB17.16715 Date of Disbursement 02 / 22 / 2006
Mailing Address 1032 LANDS END COURT		Amount of Each Disbursement this Period 166.99
City CARLSBAD State CA Zip Code 92011	Purpose of Disbursement DATABASE MANAGEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. BETHANY CARLSON		Transaction ID: SB17.16722 Date of Disbursement 03 / 02 / 2006
Mailing Address 1032 LANDS END COURT		Amount of Each Disbursement this Period 260.00
City CARLSBAD State CA Zip Code 92011	Purpose of Disbursement DATABASE MANAGEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	776.99
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. FAIRMONT SAN JOSE		Transaction ID: SB17.16699 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 170 SOUTH MARKET STREET		Amount of Each Disbursement this Period 6700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City SAN JOSE State CA Zip Code 95113	Purpose of Disbursement EVENT EXP-FOOD, BEVERAGE & RENTAL DEPOSIT Candidate Name _____ Category/Type _____	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FAIRMONT SAN JOSE		Transaction ID: SB17.16708 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 170 SOUTH MARKET STREET		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City SAN JOSE State CA Zip Code 95113	Purpose of Disbursement CONVENTION EXPENSE Candidate Name _____ Category/Type _____	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FAIRMONT SAN JOSE		Transaction ID: SB17.16711 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 170 SOUTH MARKET STREET		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City SAN JOSE State CA Zip Code 95113	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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8300.00
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)

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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. FAIRMONT SAN JOSE		Transaction ID: SB17.16729 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 170 SOUTH MARKET STREET		Amount of Each Disbursement this Period 3000.00
City SAN JOSE State CA Zip Code 95113	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT EXPENSE - FOOD & BEVERAGE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. JOHN FRANKLIN		Transaction ID: SB17.16678 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6
Mailing Address 23 SECOND ST NE #46		Amount of Each Disbursement this Period 675.00
City WASHINGTON State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WEB DESIGN		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. GOLDEN PACIFIC REAL ESTATE		Transaction ID: SB17.16679 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6
Mailing Address 809 W SAN MARCOS		Amount of Each Disbursement this Period 2097.56
City SAN MARCOS State CA Zip Code 92078	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	5772.56
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. GOLDEN PACIFIC REAL ESTATE		Transaction ID: SB17.16686 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address 809 W SAN MARCOS		Amount of Each Disbursement this Period 2097.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City SAN MARCOS State CA Zip Code 92078		
Purpose of Disbursement RENT Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <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: SB17.16693 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 801 NORTH PITT STREET STE 120		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 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: 2006 <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: SB17.16717 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 801 NORTH PITT STREET STE 120		Amount of Each Disbursement this Period 2199.65 <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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6297.21
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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. HAMMOND & ASSOCIATES		Transaction ID: SB17.16733 Date of Disbursement 03 / 29 / 2006
Mailing Address 801 NORTH PITT STREET STE 120		Amount of Each Disbursement this Period 2000.00
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 FUNDRAISING CONSULTANT Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. DARRELL ISSA		Transaction ID: SB17.16696 Date of Disbursement 02 / 01 / 2006
Mailing Address PO BOX 760		Amount of Each Disbursement this Period 1556.00
City VISTA State CA Zip Code 92085	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONFERENCE REIMBURSEMENT-HOUSE CONGRESS Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 49	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. DARRELL ISSA		Transaction ID: SB17.16716 Date of Disbursement 02 / 23 / 2006
Mailing Address PO BOX 760		Amount of Each Disbursement this Period 264.60
City VISTA State CA Zip Code 92085	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL REIMBURSEMENT Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 49	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3820.60
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. JOHN BURNHAM INSURANCE		Transaction ID: SB17.16698 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address PO BOX 84600		Amount of Each Disbursement this Period 1212.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City SAN DIEGO State CA Zip Code 92138	Purpose of Disbursement INSURANCE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LONGHORN PAC		Transaction ID: SB17.16738 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 1155 21st Street NW Suite 300		Amount of Each Disbursement this Period 168.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20036	Purpose of Disbursement In-kind - FOOD & BEVERAGE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. DON MCKINNEY		Transaction ID: SB17.16703 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 168 FRANCESCA DRIVE		Amount of Each Disbursement this Period 160.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City OCEANSIDE State CA Zip Code 92057	Purpose of Disbursement TRAVEL REIMBURSEMENT Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1540.84
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. PACIFIC JUSTICE INSTITUTE - COJ		Transaction ID: SB17.16731 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address PO BOX 276600		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City SACRAMENTO State CA Zip Code 95827	Purpose of Disbursement SEMINAR CONFERENCE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. PATTON BOGGS		Transaction ID: SB17.16684 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address 2550 M STREET NW		Amount of Each Disbursement this Period 738.72 <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 ATTORNEY FEES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. PATTON BOGGS		Transaction ID: SB17.16697 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 2550 M STREET NW		Amount of Each Disbursement this Period 276.75 <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 ATTORNEY FEES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1265.47
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. PHILIP PAULE		Transaction ID: SB17.16721 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address 23732 HILLHURST DR APT 69		Amount of Each Disbursement this Period 264.60
City LAGUNA NIGUEL State CA Zip Code 92677	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL REIMBURSEMENTP Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. POSTMASTER		Transaction ID: SB17.16680 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address 960 POSTAL WAY		Amount of Each Disbursement this Period 780.00
City VISTA State CA Zip Code 92083	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STAMPS Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. POSTMASTER		Transaction ID: SB17.16694 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 960 POSTAL WAY		Amount of Each Disbursement this Period 390.00
City VISTA State CA Zip Code 92083	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STAMPS Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1434.60
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)

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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. KAREN PRESCOTT		Transaction ID: SB17.16692 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6
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: 2006 <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: SB17.16713 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
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: 2006 <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: SB17.16723 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address 1440 LOS CEDROS LANE		Amount of Each Disbursement this Period 624.96 <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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5124.96
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. KAREN PRESCOTT		Transaction ID: SB17.16732 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 1440 LOS CEDROS LANE		Amount of Each Disbursement this Period 2250.00
City ESCONDIDO State CA Zip Code 92026	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. SAN DIEGO COUNTY REGISTRAR OF VOTERS		Transaction ID: SB17.16702 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 5201 RUFFIN RD STE I		Amount of Each Disbursement this Period 1621.00
City SAN DIEGO State CA Zip Code 92123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FILING FEES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. SBC PAYMENT CENTER		Transaction ID: SB17.16705 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address PAYMENT CENTER		Amount of Each Disbursement this Period 300.00
City SACRAMENTO State CA Zip Code 95887-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4171.00
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. TASTE OF INDIA		Transaction ID: SB17.16709 Date of Disbursement
Mailing Address 27715 JEFFERSON AVE #106		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
City TEMECULA	State CA	Zip Code 92590
Purpose of Disbursement EVENT EXPENSE - FOOD & BEVERAGE		Amount of Each Disbursement this Period <input type="text" value="435.90"/>
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	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) B. TASTE OF INDIA		Transaction ID: SB17.16714 Date of Disbursement
Mailing Address 27715 JEFFERSON AVE #106		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>
City TEMECULA	State CA	Zip Code 92590
Purpose of Disbursement EVENT - FOOD & BEVERAGE		Amount of Each Disbursement this Period <input type="text" value="100.00"/>
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	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) C. THE GREENSBURG GROUP, INC		Transaction ID: SB17.16719 Date of Disbursement
Mailing Address 245 FISCHER AVENUE C-3		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City COSTA MESA	State CA	Zip Code 92626
Purpose of Disbursement DATA INFORMATION PURCHASE		Amount of Each Disbursement this Period <input type="text" value="795.92"/>
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	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1331.82"/>
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)

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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. THE INN AT RANCHO SANTA FE		Transaction ID: SB17.16687 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6
Mailing Address PO BOX 869		Amount of Each Disbursement this Period 2163.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City RANCHO SANTA FE State CA Zip Code 92067	Purpose of Disbursement EVENT EXPENSES - FOOD & BEVERAGE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. THE MONACO GROUP		Transaction ID: SB17.16718 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 1000 ORTEGA WAY BUILDING C		Amount of Each Disbursement this Period 1925.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City PLACENTIA State CA Zip Code 92870	Purpose of Disbursement PRINTING - IN KIND TO BILBRAY FOR CONGRE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	

Full Name (Last, First, Middle Initial) C. VISTA CHAMBER OF COMMERCE		Transaction ID: SB17.16683 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6
Mailing Address 201 WASHINGTON ST		Amount of Each Disbursement this Period 40.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City VISTA State CA Zip Code 92084	Purpose of Disbursement SEMINAR Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4128.91
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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. Full Name (Last, First, Middle Initial)
JONATHAN WILCOX

Mailing Address 4230 COLFAX AVENUE #301

City STUDIO CITY State CA Zip Code 91604

Purpose of Disbursement TRAVEL REIMBURSEMENT

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16728

Date of Disbursement

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

Amount of Each Disbursement this Period

254.60

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

SUBTOTAL of Disbursements This Page (optional)

254.60

TOTAL This Period (last page this line number only)

49069.32

**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)
BILBRAY, BRIAN P

Mailing Address 2466 UNICORNIO STREET

City CARLSBAD State CA Zip Code 92009

Purpose of Disbursement
IN-KIND DONATION - PRINTING BY MONACO

Candidate Name

Office Sought: House
 Senate
 President

State: CA District: 50

Disbursement For: 2006
 Primary General
 Other (specify) ▼
Special-Primary

Category/
Type

Transaction ID: SB21.16742

Date of Disbursement

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

Amount of Each Disbursement this Period

1925.73

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

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
RALPH NORMAN FOR CONGRESS

Mailing Address 2685 CELANESE ROAD SUITE 122

City ROCK HILL State SC Zip Code 29732

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

State: SC District: 05

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB21.16725

Date of Disbursement

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

Amount of Each Disbursement this Period

1100.00

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

SUBTOTAL of Disbursements This Page (optional) ►

1100.00

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

1100.00

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 45 / 48
	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 46 / 48
	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/10.4359

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
300000.00	0.00	300000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 21 Y Y Y Y 2000	03/21/2004	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)	300000.00
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 47 / 48
	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/10.4361

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
20000.00	0.00	20000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 05 D D 16 Y Y Y Y 2000	05/16/2004	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)	20000.00
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 48 / 48
	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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1300000.00	0.00	1300000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 09 D D 29 Y Y Y Y 2000	09/29/2004	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)	1300000.00
TOTALS This Period (last page in this line only)	1820000.00

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