

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

Regula for Congress Committee

ADDRESS (number and street) 228 S. Washington St., Ste. 115

Check if different than previously reported. (ACC)

Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C00005041

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

CITY STATE ZIP CODE STATE DISTRICT

VA 16

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 2008 through 03 31 2008

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 Lisa Lisker

Signature of Treasurer Electronically Filed by Lisa Lisker Date 04 14 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Regula for Congress Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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)).....	0.00	267603.00
(b) Total Contribution Refunds (from Line 20(d)).....	200.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-200.00	267603.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	3693.05	240754.32
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	211.16
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3693.05	240543.16
8. Cash on Hand at Close of Reporting Period (from Line 27).....	124610.20	
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).....	10773.08	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Regula for Congress Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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).....

	0.00	238222.00
--	------	-----------

(ii) Unitemized.....

	0.00	23381.00
--	------	----------

(iii) TOTAL of contributions

	0.00	261603.00
--	------	-----------

from individuals..... ▶

	0.00	0.00
--	------	------

(b) Political Party Committees.....

	0.00	6000.00
--	------	---------

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

	0.00	0.00
--	------	------

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

	0.00	267603.00
--	------	-----------

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

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

	0.00	0.00
--	------	------

13. LOANS

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

	0.00	0.00
--	------	------

(b) All Other Loans.....

	0.00	0.00
--	------	------

(c) TOTAL LOANS

	0.00	0.00
--	------	------

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

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

	0.00	211.16
--	------	--------

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

	0.00	6039.56
--	------	---------

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

	0.00	273853.72
--	------	-----------

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3693.05	240754.32
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	200.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	200.00	0.00
21. OTHER DISBURSEMENTS.....	2090.00	27516.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	5983.05	268270.32

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	130593.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	130593.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5983.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	124610.20

**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

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)
Regula for Congress Committee

A.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB17.12089
	Mailing Address 1909 K St., NW	Date of Disbursement 01 / 16 / 2008
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Bank Fees Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB17.12070
	Mailing Address 1909 K St., NW	Date of Disbursement 03 / 11 / 2008
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period 409.47
	Purpose of Disbursement Income Tax Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) BB&T Bankcard Corporation	Transaction ID: SB17.12011
	Mailing Address PO Box 580363	Date of Disbursement 01 / 11 / 2008
	City Charlotte State NC Zip Code 28258	Amount of Each Disbursement this Period 673.00
	Purpose of Disbursement See Memos Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	1102.47
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)

<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)
Regula for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Congressional Club

Mailing Address 2001 New Hampshire AVE NW

City Washington State DC Zip Code 20009-3484

Purpose of Disbursement
Donor Gift Purchase

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.12011.0
Date of Disbursement

01 / 11 / 2008

Amount of Each Disbursement this Period

480.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
White House Historical Association

Mailing Address PO BOX 96586

City Washington State DC Zip Code 20090-6586

Purpose of Disbursement
Office supplies

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.12011.1
Date of Disbursement

01 / 11 / 2008

Amount of Each Disbursement this Period

193.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
BB&T Bankcard Corporation

Mailing Address PO Box 580363

City Charlotte State NC Zip Code 28258

Purpose of Disbursement
See memos

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.12030
Date of Disbursement

02 / 11 / 2008

Amount of Each Disbursement this Period

278.27

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

SUBTOTAL of Disbursements This Page (optional) ▶

278.27

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)
Regula for Congress Committee

A.	Full Name (Last, First, Middle Initial) Speedway Gasoline #1153	Transaction ID: SB17.12030.0 Date of Disbursement 02 / 11 / 2008
	Mailing Address 2920 12th ST NW	Amount of Each Disbursement this Period 32.02
	City Canton State OH Zip Code 44708	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Post Office Canton	Transaction ID: SB17.12030.1 Date of Disbursement 02 / 11 / 2008
	Mailing Address 2650 Cleveland AVE NW	Amount of Each Disbursement this Period 205.00
	City Canton State OH Zip Code 44711-9900	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: SB17.12036 Date of Disbursement 02 / 11 / 2008
	Mailing Address 300 First Street SE	Amount of Each Disbursement this Period 72.50
	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 Meeting Expense Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	72.50
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)
Regula for Congress Committee

<p>A. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Meeting Expense Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.12064 Date of Disbursement 02 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 37.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Chase Card Service</p> <p>Mailing Address PO Box 15153</p> <p>City Wilmington State DE Zip Code 19886</p> <p>Purpose of Disbursement See Memos Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.12049 Date of Disbursement 02 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 910.87</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Papa Bear's Restaurant</p> <p>Mailing Address 4990 Dressler RD</p> <p>City Canton State OH Zip Code 44718</p> <p>Purpose of Disbursement Meeting Expense Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.12049.0 Date of Disbursement 02 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 213.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

948.85

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Regula for Congress Committee

A.

Full Name (Last, First, Middle Initial)
House Members' Dining Room

Transaction ID: SB17.12049.1

Date of Disbursement

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

Mailing Address Capitol BLDG
Room H118

Amount of Each Disbursement this Period

18.90

City Washington State DC Zip Code 20515

Purpose of Disbursement
Meeting Expense

001

Category/
Type

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

[MEMO ITEM]

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Johnny's Half Shell

Transaction ID: SB17.12049.2

Date of Disbursement

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

Mailing Address 400 N. Capital St., NW

Amount of Each Disbursement this Period

595.60

City Washington State DC Zip Code 20001

Purpose of Disbursement
Meeting Expense

001

Category/
Type

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

[MEMO ITEM]

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Marathon Gasoline

Transaction ID: SB17.12049.3

Date of Disbursement

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

Mailing Address 804 Wales RD NE

Amount of Each Disbursement this Period

32.39

City Massillon State OH Zip Code 44646

Purpose of Disbursement
Travel

002

Category/
Type

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

[MEMO ITEM]

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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**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 10 / 17

<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)
Regula for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Speedway Gasoline #1153

Mailing Address 2920 12th ST NW

City State Zip Code
Canton OH 44708

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.12049.4

Date of Disbursement

02 / 20 / 2008

Amount of Each Disbursement this Period

42.60

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Chase Card Service

Mailing Address PO Box 15153

City State Zip Code
Wilmington DE 19886

Purpose of Disbursement
See Memos

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.12076

Date of Disbursement

03 / 27 / 2008

Amount of Each Disbursement this Period

110.31

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

C.

Full Name (Last, First, Middle Initial)
Marathon Gasoline

Mailing Address 804 Wales RD NE

City State Zip Code
Massillon OH 44646

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.12076.0

Date of Disbursement

03 / 27 / 2008

Amount of Each Disbursement this Period

28.31

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

110.31

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)
Regula for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Post Office Navarre

Mailing Address 33 Canal ST W

City Navarre State OH Zip Code 44662-9998

Purpose of Disbursement

Postage

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.12076.1
Date of Disbursement

03 / 27 / 2008

Amount of Each Disbursement this Period

82.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
MCI

Mailing Address PO BOX 591

City Leesburg State VA Zip Code 20178

Purpose of Disbursement

Telephones

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.12017
Date of Disbursement

01 / 11 / 2008

Amount of Each Disbursement this Period

44.21

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

C.

Full Name (Last, First, Middle Initial)
MCI

Mailing Address PO BOX 591

City Leesburg State VA Zip Code 20178

Purpose of Disbursement

Telephone

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.12038
Date of Disbursement

02 / 11 / 2008

Amount of Each Disbursement this Period

44.03

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

SUBTOTAL of Disbursements This Page (optional) ▶

88.24

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)
Regula for Congress Committee

A.	Full Name (Last, First, Middle Initial) MCI Mailing Address PO BOX 591 City Leesburg State VA Zip Code 20178 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type	Transaction ID: SB17.12068 Date of Disbursement 03 / 11 / 2008 Amount of Each Disbursement this Period 44.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) MCI Mailing Address PO BOX 591 City Leesburg State VA Zip Code 20178 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type	Transaction ID: SB17.12074 Date of Disbursement 03 / 27 / 2008 Amount of Each Disbursement this Period 44.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Post Office Navarre Mailing Address 33 Canal ST W City Navarre State OH Zip Code 44662-9998 Purpose of Disbursement PO Box Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type	Transaction ID: SB17.12042 Date of Disbursement 02 / 20 / 2008 Amount of Each Disbursement this Period 68.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	156.06
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)
Regula for Congress Committee

A.	Full Name (Last, First, Middle Initial) Post Office Navarre Mailing Address 33 Canal ST W City Navarre State OH Zip Code 44662-9998 Purpose of Disbursement PO Box Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.12044 Date of Disbursement 02 / 20 / 2008 Amount of Each Disbursement this Period 104.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Stark County Republican Party Mailing Address 115 Dewalt Ave NW City Canton State OH Zip Code 44702 Purpose of Disbursement Event Tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.12072 Date of Disbursement 03 / 27 / 2008 Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Verizon North Mailing Address PO Box 920041 City Dallas State TX Zip Code 75392 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.12062 Date of Disbursement 02 / 28 / 2008 Amount of Each Disbursement this Period 85.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	339.19
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

PAGE 14 / 17

<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)
Regula for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Verizon North

Mailing Address PO Box 920041

City Dallas State TX Zip Code 75392

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.12082

Date of Disbursement

03 / 27 / 2008

Amount of Each Disbursement this Period

91.12

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

B.

Full Name (Last, First, Middle Initial)

Wayne County Republican Party

Mailing Address 667 Dennis Circle

City Smithville State OH Zip Code 44677

Purpose of Disbursement
Event Tickets

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.12066

Date of Disbursement

03 / 04 / 2008

Amount of Each Disbursement this Period

90.00

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

SUBTOTAL of Disbursements This Page (optional)

181.12

TOTAL This Period (last page this line number only)

3277.01

**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 15 / 17

<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 checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Regula for Congress Committee

A.

Full Name (Last, First, Middle Initial)
TUESDAY GROUP POLITICAL ACTION COMMITTEE

Transaction ID: SB20C.12022

Date of Disbursement

Mailing Address PO BOX 40385

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

City WASHINGTON State DC Zip Code 20016

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement
Contribution Refund

010
Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

200.00

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

200.00

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

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

FOR LINE NUMBER: (check only one)

<input 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)
Regula for Congress Committee

A.

Full Name (Last, First, Middle Initial)
Orville Boy's & Girls Club

Mailing Address 820 N Ella

City State Zip Code
Orville OH 44667

Purpose of Disbursement
Charitable Contribution

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21.12087
Date of Disbursement

03 / 28 / 2008

Amount of Each Disbursement this Period

90.00

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

B.

Full Name (Last, First, Middle Initial)
SCHURING FOR CONGRESS COMMITTEE

Mailing Address 400 MARKET AVE NORTH SUITE 400

City State Zip Code
CANTON OH 44702

Purpose of Disbursement
Contribution

Candidate Name
KIRK SCHURING

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OH District: 16

Transaction ID: SB21.12026
Date of Disbursement

01 / 24 / 2008

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional)

2090.00

TOTAL This Period (last page this line number only)

2090.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Regula for Congress Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Huckaby Davis Lisker			Nature of Debt (Purpose): Accounting/Compliance Services
Mailing Address 228 S. Washington St., Ste. 115			
City Alexandria	State VA	ZIP Code 22314	

Outstanding Balance Beginning This Period 1544.64		Transaction ID: SD10.11886	
Amount Incurred This Period 948.16	Payment This Period 0.00	Outstanding Balance at Close of This Period 2492.80	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WRL Advertising			Nature of Debt (Purpose): Web Hosting/Design/Storage
Mailing Address 4470 Dressler RD NW			
City Canton	State OH	ZIP Code 44718-2716	

Outstanding Balance Beginning This Period 8280.28		Transaction ID: SD10.11891	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8280.28	

1) SUBTOTALS This Period This Page (optional).....	▶	10773.08
2) TOTALS This Period (last page this line number only).....	▶	10773.08
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	10773.08