

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
INVEST IN A STRONG AND SECURE AMERICA (ISSA PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. SESSINE NAJJAR, MD	Date of Receipt MM / DD / YYYY 04 / 28 / 2009
	Mailing Address 13 HUNTERS CT	<b>Transaction ID:</b> SA11AI.4361
	City State Zip Code HILLSDALE NJ 07642	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation SELF-EMPLOYED DOCTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. LOUIS NAJMY	Date of Receipt MM / DD / YYYY 04 / 28 / 2009
	Mailing Address 2218 GULF DRIVE NORTH	<b>Transaction ID:</b> SA11AI.4333
	City State Zip Code BRADENTON BEACH FL 34217	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation SAND PEBBLE MARQUIS CONDO ASSN OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MAZEN NATOUR	Date of Receipt MM / DD / YYYY 04 / 28 / 2009
	Mailing Address 511 E 20TH ST	<b>Transaction ID:</b> SA11AI.4330
	City State Zip Code NEW YORK NY 10010	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation NYUCD PROSTHODONTIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	