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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Issa, Darrell, , ,									
	(b) Address (number and street) PO BOX 463007	☐ Check if address changed			Candidate's FEC Identification Number H0CA48024					
	(c) City, State, and ZIP Code					3. Is This		ew	_	Amended
	ESCONDIDO		CA	9204	6	Staten	nent (N) OR	×	(A)
4.	Party Affiliation	5. Office Sough	nt		6. State & Dis	trict of Candid	date			
	REPUBLICAN PARTY	House			CA	48				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)									
	NOTE: This designation should be f	iled with the app	oropriate offi	ce listed in t	he instructions.					
	(a) Name of Committee (in full)									
	DARRELL ISSA FO	R CONGR	RESS							
	(b) Address (number and street)									
	9070 IRVINE CENTER DRIVI	E SUITE 150								
	(c) City, State, and ZIP Code									
	IRVINE				CA	92618	3			
(Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.										
	(a) Name of Committee (in full)									
	ISSA VICTORY FU	ND 								
	(b) Address (number and street) 9070 IRVINE CENTER DRIVE	<u> </u>								
_	SUITE 150									
	(c) City, State, and ZIP Code				•					
	IRVINE				CA	92618				
	I certify that I have exa	mined this State	ement and to	the best of	my knowledge a	and belief it is	s true, correct	and comp	lete.	
Si	gnature of Candidate					Date				
Is	sa, Darrell, , ,					08/15/20	24			
N	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									
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FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.										
	(a) Name of Committee (in full)										
	INTEGRITY TOUR 2024										
	(b) Address (number and street) 9460 TEGNER ROAD										
	(c) City, State, and ZIP Code HILMAR CA 95324										
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.										
	(a) Name of Committee (in full)										
	(b) Address (number and street)										
	(c) City, State, and ZIP Code										
8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)										
	(b) Address (number and street)										
	(c) City, State, and ZIP Code										
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)										
	(b) Address (number and street)										
	(c) City, State, and ZIP Code										