

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 17 OF 42 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**TOM ROONEY FOR CONGRESS**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. AP&amp;M, INC.</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 21 / 2015                            |
| Mailing Address 12300 ASHTON MILL TERRACE  |   | Amount of Each Disbursement this Period<br>2545.95<br><b>Transaction ID : SB17.54418</b> |
| City<br>GLEN ALLEN   | State<br>VA   |  |
| Zip Code<br>23059  | Purpose of Disbursement<br>EVENT PROMOTIONAL ITEMS  | Category/<br>Type<br>001   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. AP&amp;M, INC.</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 16 / 2015                            |
| Mailing Address 12300 ASHTON MILL TERRACE  |   | Amount of Each Disbursement this Period<br>2465.00<br><b>Transaction ID : SB17.54512</b> |
| City<br>GLEN ALLEN   | State<br>VA   |  |
| Zip Code<br>23059  | Purpose of Disbursement<br>EVENT PROMOTIONAL ITEMS  | Category/<br>Type<br>001   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. CASSARIANO</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 14 / 2015                           |
| Mailing Address 313 W VENICE AVE   |   | Amount of Each Disbursement this Period<br>634.00<br><b>Transaction ID : SB17.54504</b> |
| City<br>VENICE   | State<br>FL   |   |
| Zip Code<br>34285  | Purpose of Disbursement<br>MEETING EXPENSE  | Category/<br>Type<br>001  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 5644.95 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |