

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
TOM ROONEY FOR CONGRESS

Report Covering the Period: From: / / To: / /

	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))....	83395.30	414157.46
(b) Total Contribution Refunds (from Line 20(d))	2400.00	5200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	80995.30	408957.46
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	71880.20	368663.77
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	5448.94
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	71880.20	363214.83
8. Cash on Hand at Close of Reporting Period (from Line 27).....	462640.72	
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).....	0.00	

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 12/2003)

Write or Type Committee Name

TOM ROONEY FOR CONGRESS

Report Covering the Period: From: / / To: / /

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).....	15500.00	144375.00
(ii) Unitemized.....	2395.30	27359.80
(iii) TOTAL of contributions from individuals ▶	17895.30	171734.80
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	65500.00	242422.66
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	83395.30	414157.46
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	13569.23
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	5448.94
15. OTHER RECEIPTS (Dividends, Interest, etc.)	121.69	874.40
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	83516.99	434050.03

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	71880.20	368663.77
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	2400.00	5200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2400.00	5200.00
21. OTHER DISBURSEMENTS	13000.00	97865.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	87280.20	471728.77

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	466403.93
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	83516.99
25. SUBTOTAL (add Line 23 and Line 24).....	549920.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	87280.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	462640.72

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DANIEL M ADLER

Mailing Address 22142 TRILLIUM WAY

City BOCA RATON State FL Zip Code 33433

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.53218

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
FREDERIC BOGART

Mailing Address 120 SE 5TH AVE

City BOCA RATON State FL Zip Code 33432

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.53232

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
GREG BURNS

Mailing Address 101 CONSTITUTION AVE NW

City WASHINGTON State DC Zip Code 20001

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

Name of Employer VAN SCOYOC Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11AI.53326

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LOUIS C CAMILLERI

Mailing Address 120 PARK AVE.
FLOOR 6

City NEW YORK State NY Zip Code 10017

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

Name of Employer PHILIP MORRIS INTERNATIONAL, INC. Occupation CHAIRMAN OF THE BOARD

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11AI.53324

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
THOMAS DAVIS

Mailing Address 1455 PENNSYLVANIA AVE NW STE 1200

City WASHINGTON State DC Zip Code 20004

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

Name of Employer DAVIS & HARMAN LLP Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.53398

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MARTIN FLICS

Mailing Address 7950 TENNYSON CT.

City BOCA RATON State FL Zip Code 33433

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.53220

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SAM GEDULDIG

Mailing Address 1423 SPRING VALE AVE

City State Zip Code
MC LEAN VA 22101

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

Name of Employer Occupation
CLARK LYTTLE & GEDULDIG ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.53415

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
BERT HARRIS

Mailing Address 400 LAKE MIRROR DR

City State Zip Code
LAKE PLACID FL 33852

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

Name of Employer Occupation
SWAINE ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 14 / 2014

Transaction ID : SA11AI.53198

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ELNA HARRIS

Mailing Address 514 LAKE MIRROR DR

City State Zip Code
LAKE PLACID FL 33852

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 14 / 2014

Transaction ID : SA11AI.53199

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHARLES W. HATCHER

Mailing Address 200 BEACH RD
APT. 901

City State Zip Code
TEQUESTA FL 33469

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

Name of Employer Occupation
SELF-EMPLOYED MANUFACTURER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.53389

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
KEVIN JUSTICE

Mailing Address 125 MARLBERRY CIR

City State Zip Code
JUPITER FL 33458

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

Name of Employer Occupation
HIGHLAND GLOBAL SOLUTIONS LLC PRESIDENT/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 04 / 2014

Transaction ID : SA11AI.53239

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
KEVIN JUSTICE

Mailing Address 125 MARLBERRY CIR

City State Zip Code
JUPITER FL 33458

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

Name of Employer Occupation
HIGHLAND GLOBAL SOLUTIONS LLC PRESIDENT/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 04 / 2014

Transaction ID : SA11AI.53353

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KEVIN JUSTICE

Mailing Address 125 MARLBERRY CIR

City JUPITER State FL Zip Code 33458

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

Name of Employer HIGHLAND GLOBAL SOLUTIONS LLC Occupation PRESIDENT/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.53388

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
BERNARD KAMINETSKY

Mailing Address 7991 TENNYSON CT

City BOCA RATON State FL Zip Code 33433

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

Name of Employer MDVIP Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.53216

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
GREGORY M LANKLER

Mailing Address 15500 PENNYROYAL LN.

City ROCKVILLE State MD Zip Code 20853

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

Name of Employer MERCURY Occupation MANAGING DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.53397

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EDWARD LOZICK

Mailing Address 29425 CHAGRIN BLVD
SUITE 201

City BEACHWOOD State OH Zip Code 44122

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

Name of Employer SWAGELOK COMPANY Occupation CHAIRMAN OF THE BOARD

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11AI.53336

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
LOTHAR MAYER

Mailing Address 2494 S OCEAN BLVD # M-1

City BOCA RATON State FL Zip Code 33432

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.53217

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CARLYN F MAYER

Mailing Address 2494 S OCEAN BLVD.
#M-1

City BOCA RATON State FL Zip Code 33432

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.53219

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

2000.00

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

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

FOR LINE NUMBER: PAGE 11 OF 51
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL MILIN

Mailing Address 17045 BROOKWOOD DR

City State Zip Code
BOCA RATON FL 33496

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.53233

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
SIDNEY A MILLER

Mailing Address 10 BALLANTINE LN.

City State Zip Code
GREAT NECK NY 11024

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.53221

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
RAND SCHWARTZWALD

Mailing Address 4481 WOODFIELD BLVD.

City State Zip Code
BOCA RATON FL 33434

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.53214

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BETH SHADOWITZ

Mailing Address 551 NW 77TH ST.
STE. 102

City BOCA RATON State FL Zip Code 33487

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.53215

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JUDITH SHERWOOD

Mailing Address 7598 PLAYA RIENTA WAY

City DELRAY BEACH State FL Zip Code 33446

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.53222

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
LARRY D SILVER

Mailing Address 1001 E TELECOM DR.

City BOCA RATON State FL Zip Code 33431

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.53223

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOSEPH SITRICK		Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2014	
Mailing Address 4740 S OCEAN BLVD. APT. 1406		Transaction ID : SA11AI.53230	
City BOCA RATON	State FL	Zip Code 33487	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. SIDNEY SWARTZ		Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2014	
Mailing Address 1001 S OCEAN BLVD.		Transaction ID : SA11AI.53231	
City DELRAY BEACH	State FL	Zip Code 33483	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) C. BENJAMIN M TRIPP		Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2014	
Mailing Address 22247 ALYSSUM WAY		Transaction ID : SA11AI.53224	
City BOCA RATON	State FL	Zip Code 33433	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ANDREW H WEINSTEIN

Mailing Address 3285 EQUESTRIAN DR.

City BOCA RATON State FL Zip Code 33434

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.53225

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
RITA L WELLS

Mailing Address 17497 VIA CAPRI

City BOCA RATON State FL Zip Code 33496

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.53226

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

500.00

15500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ACCENTURE INC PAC

Mailing Address 800 CONNECTICUT AVE NW STE 600

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C C00122101**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11C.53379

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ACTION COMM. FOR RURAL ELECTRIFICATION

Mailing Address 4301 WILSON BLVD

City State Zip Code
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C C00002972**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA11C.53369

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
ACTION COMM. FOR RURAL ELECTRIFICATION

Mailing Address 4301 WILSON BLVD

City State Zip Code
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C C00002972**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.53401

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ALLIANT TECHSYSTEMS INC. EMPLOYEE CITIZENSHIP FUND

Mailing Address 1300 WILSON BLVD
SUITE 400

City ROSSLYN State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00250209

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.53399

Amount of Each Receipt this Period
 1500.00

B. Full Name (Last, First, Middle Initial)
AVMA PAC

Mailing Address 1910 SUNDERLAND PL NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00114132

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA11C.53383

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
BECAUSE I CARE POLITICAL ACTION COMMITTEE (BICPAC)

Mailing Address 2494 S . OCEAN BLVD. #M-1

City BOCA RATON State FL Zip Code 33432

FEC ID number of contributing federal political committee. **C** C00381624

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11C.53227

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) BIOTECHNOLOGY INDUSTRY ORGANIZATION PAC (BIO PAC)		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 1201 MARYLAND AVE, SW STE. 900		Transaction ID : SA11C.53366
City WASHINGTON State DC Zip Code 20024	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00355677	Name of Employer Occupation	Amount of Each Receipt this Period 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS (BUILD PAC)		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1201 15TH STREET, NW		Transaction ID : SA11C.53404
City WASHINGTON State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00000901	Name of Employer Occupation	Amount of Each Receipt this Period 1000.00
Receipt For: 2014 <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) COBHAM HOLDINGS INC POLITICAL ACTION COMMITTEE 'COBHAM PAC'		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 2121 CRYSTAL DRIVE		Transaction ID : SA11C.53372
City ARLINGTON State VA Zip Code 22202	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C C00457051	Name of Employer Occupation	Amount of Each Receipt this Period 1500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
COMCAST PAC

Mailing Address 1701 JOHN F KENNEDY BLVD

City State Zip Code
PHILADELPHIA PA 19103

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.53403

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
COMMONWEALTH-ALTADIS, INC. EMPLOYEE PAC

Mailing Address 5900 N ANDREWS AVE
SUITE 1100

City State Zip Code
FORT LAUDERDALE FL 33309

FEC ID number of contributing federal political committee. **C** C00455600

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.53400

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
COX ENTERPRISES PAC (COXPAC) INC.

Mailing Address 975 F STREET, NW SUITE 300

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00477653

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 05 / 2014

Transaction ID : SA11C.53375

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. CREDIT UNION LEGISLATIVE ACTION COUNCIL
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 PENNSYLVANIA AVE NW
 SUITE 600
 City WASHINGTON State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C C00007880**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014
Transaction ID : SA11C.53333
 Amount of Each Receipt this Period
 1000.00
 Election Cycle-to-Date
 2000.00

B. CSX CORP. GOOD GOVERNMENT FUND
 Full Name (Last, First, Middle Initial)
 Mailing Address 1331 PENNSYLVANIA AVE NW STE 560
 City WASHINGTON State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C C00163832**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 21 / 2014
Transaction ID : SA11C.53237
 Amount of Each Receipt this Period
 2000.00
 Election Cycle-to-Date
 5000.00

C. DEALERS ELECTION ACTION COMMITTEE PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 8400 WESTPARK DR
 City MC LEAN State VA Zip Code 22102
 FEC ID number of contributing federal political committee. **C C00040998**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014
Transaction ID : SA11C.53395
 Amount of Each Receipt this Period
 2500.00
 Election Cycle-to-Date
 2500.00

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DIGITALGLOBE PAC

Mailing Address 1601 DRY CREEK DR STE 260

City State Zip Code
LONGMONT CO 80503

FEC ID number of contributing federal political committee. **C** C00370585

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.53402

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
DIPAC

Mailing Address 3190 FAIRVIEW PARK DR STE 700

City State Zip Code
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C** C00066449

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA11C.53382

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
DRS TECHNOLOGIES INC. GOOD GOVERNMENT FUND

Mailing Address 2345 CRYSTAL DRIVE SUITE 915

City State Zip Code
ARLINGTON VA 22202

FEC ID number of contributing federal political committee. **C** C00275123

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2014

Transaction ID : SA11C.53386

Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional).....

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EMPLOYEES OF NORTHROP GRUMMAN PAC

Mailing Address 520 S GRAND AVE STE 700

City State Zip Code
LOS ANGELES CA 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
9000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11C.53256

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
EMPLOYEES OF NORTHROP GRUMMAN PAC

Mailing Address 520 S GRAND AVE STE 700

City State Zip Code
LOS ANGELES CA 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11C.53368

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
EYE OF THE TIGER PAC

Mailing Address PO BOX 2485

City State Zip Code
SPRINGFIELD VA 22152

FEC ID number of contributing federal political committee. **C** C00467431

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 05 / 2014

Transaction ID : SA11C.53376

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FEDBID INC ACQUISITION INNOVATION AND REFORM PAC FEDBID AIRPAC (ABBR. NAME)

Mailing Address 8500 LEESBURG PIKE SUITE 602

City State Zip Code
VIENNA VA 22182

FEC ID number of contributing federal political committee. **C** C00448449

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : SA11C.53235

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF JIM SAXTON

Mailing Address PO BOX 795

City State Zip Code
MOUNT HOLLY NJ 08060

FEC ID number of contributing federal political committee. **C** C00197699

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11C.53367

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
GENERAL ATOMICS POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 22930

City State Zip Code
SAN DIEGO CA 92192

FEC ID number of contributing federal political committee. **C** C00215285

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 12 / 2014

Transaction ID : SA11C.53299

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HOLLAND & KNIGHT PAC

Mailing Address **COMMITTEE FOR EFFECTIVE GOVERNMENT**
2099 PENNSYLVANIA AVE NW, SUITE 10

City **WASHINGTON** State **DC** Zip Code **20006**

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : SA11C.53238

Amount of Each Receipt this Period
 _____ **1000.00**

B. Full Name (Last, First, Middle Initial)
HOTEL PAC

Mailing Address **1201 NEW YORK AVE NW STE 600**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00001198**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11C.53416

Amount of Each Receipt this Period
 _____ **2500.00**

C. Full Name (Last, First, Middle Initial)
HUNTINGTON INGALLS INDUSTRIES PAC (SHIPPAC)

Mailing Address **300 M STREET S.E.**
SUITE 350

City **WASHINGTON** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C C00325092**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 19 / 2014

Transaction ID : SA11C.53387

Amount of Each Receipt this Period
 _____ **2000.00**

SUBTOTAL of Receipts This Page (optional).....

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

_____ **5500.00**

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

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

FOR LINE NUMBER: PAGE 25 OF 51
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN EMPLOYEES PAC

Mailing Address 2121 CRYSTAL DR STE 100

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
9000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11C.53339

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN EMPLOYEES PAC

Mailing Address 2121 CRYSTAL DR STE 100

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
9000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11C.53340

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN EMPLOYEES PAC

Mailing Address 2121 CRYSTAL DR STE 100

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
9000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11C.53342

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONAL ACTION COMMITTEE PAC		Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 3389 SHERIDAN ST STE 424		Transaction ID : SA11C.53228
City HOLLYWOOD	State Zip Code FL 33021	
FEC ID number of contributing federal political committee. C C00147983		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. NATIONAL CHICKEN COUNCIL PAC		Date of Receipt M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 1015 15TH ST NW STE 930		Transaction ID : SA11C.53257
City WASHINGTON	State Zip Code DC 20005	
FEC ID number of contributing federal political committee. C C00034272		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	

Full Name (Last, First, Middle Initial) C. NATIONAL SHOOTING SPORTS FOUNDATION, INC. POLITICAL ACTION COMMITTEE (NSSF PAC)		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 11 MILE HILL RD		Transaction ID : SA11C.53328
City NEWTOWN	State Zip Code CT 06470	
FEC ID number of contributing federal political committee. C C00480863		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
OSHKOSH CORPORATION EMPLOYEES PAC

Mailing Address P.O. BOX 2566
2307 OREGON STREET

City OSHKOSH State WI Zip Code 54903

FEC ID number of contributing federal political committee. **C** C00304477

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA11C.53370

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
OXBOW CARBON & MINERALS PAC

Mailing Address 1601 FORUM PL
SUITE 1400

City WEST PALM BEACH State FL Zip Code 33401

FEC ID number of contributing federal political committee. **C** C00436550

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2014

Transaction ID : SA11C.53236

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1100 WILSON BLVD STE 1500

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11C.53327

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
REALTORS PAC

Mailing Address 430 N MICHIGAN AVE

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 08 / 2014

Transaction ID : SA11C.53293

Amount of Each Receipt this Period
3000.00

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

Mailing Address PO BOX 23219

City State Zip Code
JEFFERSON LA 70183

FEC ID number of contributing federal political committee. **C C00394957**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2014

Transaction ID : SA11C.53374

Amount of Each Receipt this Period
2000.00

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

Mailing Address PO BOX 878

City State Zip Code
PROVIDENCE RI 02901

FEC ID number of contributing federal political committee. **C C00123612**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.53410

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

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

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
UNITED TECHNOLOGIES PAC

Mailing Address 1401 I ST NW STE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2014

Transaction ID : SA11C.53373

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
UNITED TECHNOLOGIES PAC

Mailing Address 1401 I ST NW STE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.53409

Amount of Each Receipt this Period
 2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

5000.00

65500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) GULFSTREAM BANK		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2014
Mailing Address 2400 SE MONTEREY RD STE 100		Transaction ID : SA15.53301
City STUART	State FL	Zip Code 34996
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.53 BANK INTEREST	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 582.43	

Full Name (Last, First, Middle Initial) GULFSTREAM BANK		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 30 / 2014
Mailing Address 2400 SE MONTEREY RD STE 100		Transaction ID : SA15.53362
City STUART	State FL	Zip Code 34996
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 31.56 BANK INTEREST	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 613.99	

Full Name (Last, First, Middle Initial) GULFSTREAM BANK		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2014
Mailing Address 2400 SE MONTEREY RD STE 100		Transaction ID : SA15.53390
City STUART	State FL	Zip Code 34996
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.54 BANK INTEREST	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 644.53	

SUBTOTAL of Receipts This Page (optional).....	92.63
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 51
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

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

Mailing Address 111 SE OSCEOLA ST

City: STUART State: FL Zip Code: 34994

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

Name of Employer: _____ Occupation: _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt: **04 / 30 / 2014**

Transaction ID : SA15.53300

Amount of Each Receipt this Period: **9.58**

BANK INTEREST

B. Full Name (Last, First, Middle Initial)
SUNTRUST BANK

Mailing Address 111 SE OSCEOLA ST

City: STUART State: FL Zip Code: 34994

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

Name of Employer: _____ Occupation: _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt: **05 / 30 / 2014**

Transaction ID : SA15.53361

Amount of Each Receipt this Period: **9.90**

BANK INTEREST

C. Full Name (Last, First, Middle Initial)
SUNTRUST BANK

Mailing Address 111 SE OSCEOLA ST

City: STUART State: FL Zip Code: 34994

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

Name of Employer: _____ Occupation: _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt: **06 / 30 / 2014**

Transaction ID : SA15.53391

Amount of Each Receipt this Period: **9.58**

BANK INTEREST

SUBTOTAL of Receipts This Page (optional).....

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

29.06

121.69

**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 32 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ABC PRINTING		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address PO BOX 75		Amount of Each Disbursement this Period 293.18 Transaction ID : SB17.53249
City CRAWFORD	State GA	
Zip Code 30630	Purpose of Disbursement PRINTING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address PO BOX 360001		Amount of Each Disbursement this Period 79.93 Transaction ID : SB17.53359
City FORT LAUDERDALE	State FL	
Zip Code 33336	Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. BELLWETHER CONSULTING GROUP		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1111 19TH ST NW STE 1150		Amount of Each Disbursement this Period 429.18 Transaction ID : SB17.53250
City WASHINGTON	State DC	
Zip Code 20036	Purpose of Disbursement SEE BELOW	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	802.29
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 33 OF 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MOLLY MALONE'S		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 713 8TH ST SE		Amount of Each Disbursement this Period 399.40
City WASHINGTON	State DC	
Purpose of Disbursement EVENT CATERING	Zip Code 20003	Transaction ID : SB17.53251
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. CHARLOTTE COUNTY REP. EXEC. COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2014
Mailing Address PO BOX 380033		Amount of Each Disbursement this Period 900.00
City MURDOCK	State FL	
Purpose of Disbursement EVENT TICKETS	Zip Code 33938	Transaction ID : SB17.53377
Candidate Name CHARLOTTE COUNTY REP. EXEC. COMMITTEE	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. HIGHLANDS COUNTY REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 150 N COMMERCE AVE		Amount of Each Disbursement this Period 500.00
City SEBRING	State FL	
Purpose of Disbursement ADVERTISING	Zip Code 33870	Transaction ID : SB17.53297
Candidate Name HIGHLANDS COUNTY REPUBLICAN PARTY	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1400.00
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)		PAGE 34 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. POLK COUNTY GOP		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014
Mailing Address 4277 S FLORIDA AVE		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.53385
City LAKELAND	State FL	
Zip Code 33813	Purpose of Disbursement EVENT SPONSORSHIP	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. PROFESSIONAL DATA SERVICES		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 2470 DANIELL'S BRIDGE RD. STE. 121		Amount of Each Disbursement this Period 4083.32 Transaction ID : SB17.53252
City ATHENS	State GA	
Zip Code 30606	Purpose of Disbursement COMPLIANCE CONSULTING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. PROFESSIONAL DATA SERVICES		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 2470 DANIELL'S BRIDGE RD. STE. 121		Amount of Each Disbursement this Period 2005.28 Transaction ID : SB17.53343
City ATHENS	State GA	
Zip Code 30606	Purpose of Disbursement COMPLIANCE CONSULTING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6588.60
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)	PAGE 35 OF 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RED PLEDGE			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014	
Mailing Address 53 LAKE MORTON DR STE 110			Amount of Each Disbursement this Period 21.21	
City LAKELAND	State FL	Zip Code 33801	Transaction ID : SB17.53240	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. RED PLEDGE			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 53 LAKE MORTON DR STE 110			Amount of Each Disbursement this Period 136.26	
City LAKELAND	State FL	Zip Code 33801	Transaction ID : SB17.53358	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. RED PLEDGE			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014	
Mailing Address 53 LAKE MORTON DR STE 110			Amount of Each Disbursement this Period 33.37	
City LAKELAND	State FL	Zip Code 33801	Transaction ID : SB17.53393	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	190.84
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)	PAGE 36 OF 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RON RIMMER		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 2517 SLEEPY HILL ROAD		Amount of Each Disbursement this Period 2420.00 Transaction ID : SB17.53380
City LAKELAND	State FL	
Zip Code 33810	Purpose of Disbursement BOAT CHARTER	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. STRATEGIC IMAGE MANAGEMENT LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 511 W BAY ST STE 350		Amount of Each Disbursement this Period 41414.47 Transaction ID : SB17.53253
City TAMPA	State FL	
Zip Code 33606	Purpose of Disbursement DIRECT MAIL SERVICES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. STRATEGIC IMAGE MANAGEMENT LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 511 W BAY ST STE 350		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.53254
City TAMPA	State FL	
Zip Code 33606	Purpose of Disbursement MEDIA CONSULTING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	46334.47
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)		PAGE 37 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRATEGIC IMAGE MANAGEMENT LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014	
Mailing Address 511 W BAY ST STE 350			Amount of Each Disbursement this Period 2500.00	
City TAMPA	State FL	Zip Code 33606	Transaction ID : SB17.53384	
Purpose of Disbursement MEDIA CONSULTING		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. SUNTRUST VISA			Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014	
Mailing Address P.O. BOX 791250			Amount of Each Disbursement this Period 2723.64	
City BALTIMORE	State MD	Zip Code 21279	Transaction ID : SB17.53168	
Purpose of Disbursement SEE BELOW		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. US AIRWAYS			Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014	
Mailing Address 4000 E SKY HARBOR BLVD			Amount of Each Disbursement this Period 507.00	
City PHOENIX	State AZ	Zip Code 85034	Transaction ID : SB17.53207	
Purpose of Disbursement AIRFARE		Category/Type 001		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	5223.64
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 38 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SONOMA		Date of Disbursement MM / DD / YYYY 04 / 05 / 2014
Mailing Address 223 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 480.00
City WASHINGTON	State DC	
Purpose of Disbursement EVENT CATERING	Zip Code 20003	Transaction ID : SB17.53209 [MEMO ITEM]
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. HOTELS.COM		Date of Disbursement MM / DD / YYYY 04 / 05 / 2014
Mailing Address 5400 LBJ FREEWAY STE. 500		Amount of Each Disbursement this Period 319.86
City DALLAS	State TX	
Purpose of Disbursement LODGING	Zip Code 75240	Transaction ID : SB17.53210 [MEMO ITEM]
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ROCKLANDS CATERING		Date of Disbursement MM / DD / YYYY 04 / 05 / 2014
Mailing Address 2418 WISCONSIN AVE NW		Amount of Each Disbursement this Period 600.33
City WASHINGTON	State DC	
Purpose of Disbursement EVENT CATERING	Zip Code 20007	Transaction ID : SB17.53212 [MEMO ITEM]
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)		PAGE 39 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GASPARILLA INN		Date of Disbursement MM / DD / YYYY 04 / 05 / 2014
Mailing Address 500 PALM AVE		Amount of Each Disbursement this Period 748.68
City BOCA GRANDE	State FL	
Zip Code 33921	Purpose of Disbursement LODGING	Transaction ID : SB17.53213
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. SUNTRUST VISA		Date of Disbursement MM / DD / YYYY 05 / 01 / 2014
Mailing Address P.O. BOX 791250		Amount of Each Disbursement this Period 1630.37
City BALTIMORE	State MD	
Zip Code 21279	Purpose of Disbursement SEE BELOW	Transaction ID : SB17.53305
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. UPS STORE		Date of Disbursement MM / DD / YYYY 05 / 01 / 2014
Mailing Address 2336 S.E. OCEAN BLVD		Amount of Each Disbursement this Period 210.85
City STUART	State FL	
Zip Code 34995	Purpose of Disbursement SHIPPING	Transaction ID : SB17.53306
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1630.37
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 40 OF 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US AIRWAYS			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014	
Mailing Address 4000 E SKY HARBOR BLVD			Amount of Each Disbursement this Period 244.50	
City PHOENIX	State AZ	Zip Code 85034	Transaction ID : SB17.53307 [MEMO ITEM]	
Purpose of Disbursement AIRFARE		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014	
Mailing Address 300 1ST ST SE			Amount of Each Disbursement this Period 485.35	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.53308 [MEMO ITEM]	
Purpose of Disbursement EVENT CATERING		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. AT&T			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014	
Mailing Address PO BOX 105262			Amount of Each Disbursement this Period 296.09	
City ATLANTA	State GA	Zip Code 30348	Transaction ID : SB17.53310 [MEMO ITEM]	
Purpose of Disbursement TELEPHONE		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)		PAGE 41 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SUNTRUST VISA		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address P.O. BOX 791250		Amount of Each Disbursement this Period 3205.06 Transaction ID : SB17.53344
City BALTIMORE	State MD	
Zip Code 21279	Purpose of Disbursement SEE BELOW	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CONGRESSIONAL LIQUOR		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 404 1ST ST SE		Amount of Each Disbursement this Period 171.19 Transaction ID : SB17.53345 [MEMO ITEM]
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement EVENT BEVERAGES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. UNITED STATES POST OFFICE		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 4200 CONROY RD		Amount of Each Disbursement this Period 19.99 Transaction ID : SB17.53348 [MEMO ITEM]
City ORLANDO	State FL	
Zip Code 32839	Purpose of Disbursement SHIPPING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3205.06
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)	PAGE 42 OF 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 300 1ST ST SE		Amount of Each Disbursement this Period 348.81
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement EVENT CATERING	
Candidate Name		Transaction ID : SB17.53349
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. OK CORRAL GUN CLUB		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 6341 NE 96TH AVE.		Amount of Each Disbursement this Period 2400.30
City OKEECHOBEE State FL Zip Code 34972	Purpose of Disbursement EVENT EXPENSE	
Candidate Name		Transaction ID : SB17.53350
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. RED HOT AND BLUE		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 169 HILLWOOD AVE.		Amount of Each Disbursement this Period 226.73
City FALLS CHURCH State VA Zip Code 22046	Purpose of Disbursement EVENT CATERING	
Candidate Name		Transaction ID : SB17.53351
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
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)		PAGE 43 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE M GROUP		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 100 LUNA PARK DR. #158		Amount of Each Disbursement this Period 1860.00 Transaction ID : SB17.53200
City ALEXANDRIA State VA Zip Code 22305	Purpose of Disbursement FUNDRAISING CONSULTING 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. THE M GROUP		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 100 LUNA PARK DR. #158		Amount of Each Disbursement this Period 780.56 Transaction ID : SB17.53201
City ALEXANDRIA State VA Zip Code 22305	Purpose of Disbursement SEE BELOW 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BULLFEATHERS		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 410 1ST ST SE		Amount of Each Disbursement this Period 193.24 Transaction ID : SB17.53204 [MEMO ITEM]
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement MEETING EXPENSE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2640.56
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)	PAGE 44 OF 51			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. CAIRO WINE & LIQUOR

Full Name (Last, First, Middle Initial)
Mailing Address 1618 17TH STREET NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
EVENT BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
04 / 14 / 2014

Amount of Each Disbursement this Period
175.60

Transaction ID : SB17.53205

[MEMO ITEM]

B. MIKE LEGG

Full Name (Last, First, Middle Initial)
Mailing Address 123 D STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
EVENT FACILITY RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
04 / 14 / 2014

Amount of Each Disbursement this Period
250.00

Transaction ID : SB17.53206

[MEMO ITEM]

C. THE M GROUP

Full Name (Last, First, Middle Initial)
Mailing Address 100 LUNA PARK DR. #158

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
05 / 14 / 2014

Amount of Each Disbursement this Period
1000.00

Transaction ID : SB17.53302

SUBTOTAL of Disbursements This Page (optional) 1000.00

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)		PAGE 45 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE M GROUP		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 100 LUNA PARK DR. #158		Amount of Each Disbursement this Period 95.52 Transaction ID : SB17.53303
City ALEXANDRIA State VA Zip Code 22305	Purpose of Disbursement SEE BELOW 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BULLFEATHERS		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 410 1ST ST SE		Amount of Each Disbursement this Period 91.73 Transaction ID : SB17.53304 [MEMO ITEM]
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement MEETING EXPENSE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. THE M GROUP		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 100 LUNA PARK DR. #158		Amount of Each Disbursement this Period 674.40 Transaction ID : SB17.53363
City ALEXANDRIA State VA Zip Code 22305	Purpose of Disbursement SEE BELOW 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	769.92
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 46 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NORTHWEST FRESH LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 2121 N. WESTMORELAND ST.			Amount of Each Disbursement this Period 674.40	
City ARLINGTON	State VA	Zip Code 22213	Transaction ID : SB17.53364 [MEMO ITEM]	
Purpose of Disbursement EVENT CATERING		001 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. THE M GROUP			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 100 LUNA PARK DR. #158			Amount of Each Disbursement this Period 1050.00	
City ALEXANDRIA	State VA	Zip Code 22305	Transaction ID : SB17.53365	
Purpose of Disbursement FUNDRAISING CONSULTING		001 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. UNITED STATES POST OFFICE			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014	
Mailing Address 4200 CONROY RD			Amount of Each Disbursement this Period 54.85	
City ORLANDO	State FL	Zip Code 32839	Transaction ID : SB17.53321	
Purpose of Disbursement POSTAGE		001 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	1104.85
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)	PAGE 47 OF 51			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 2040 SE FEDERAL HIGHWAY		Amount of Each Disbursement this Period 197.85 Transaction ID : SB17.53241
City STUART	State FL	
Zip Code 34994	Purpose of Disbursement CELL PHONE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 2040 SE FEDERAL HIGHWAY		Amount of Each Disbursement this Period 197.89 Transaction ID : SB17.53360
City STUART	State FL	
Zip Code 34994	Purpose of Disbursement CELL PHONE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 2040 SE FEDERAL HIGHWAY		Amount of Each Disbursement this Period 200.26 Transaction ID : SB17.53394
City STUART	State FL	
Zip Code 34994	Purpose of Disbursement CELL PHONE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	596.00
TOTAL This Period (last page this line number only).....	71486.60

**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 48 OF 51	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DAVID SKILES		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 2662 SE EMMETT RD		Amount of Each Disbursement this Period 2300.00 Transaction ID : SB20A.53316
City PORT SAINT LUCIE	State FL	
Zip Code 34952	Purpose of Disbursement REFUND	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2008	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. DAVID SKILES		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 2662 SE EMMETT RD		Amount of Each Disbursement this Period 100.00 Transaction ID : SB20A.53317
City PORT SAINT LUCIE	State FL	
Zip Code 34952	Purpose of Disbursement REFUND	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2010	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2400.00
TOTAL This Period (last page this line number only).....	2400.00

**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)		PAGE 49 OF 51	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DOLD FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address PO BOX 6312		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.53319
City LIBERTYVILLE State IL Zip Code 60048	Purpose of Disbursement CONTRIBUTION 011 Category/Type	
Candidate Name ROBERT DOLD		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 10	

Full Name (Last, First, Middle Initial) B. FRIENDS OF FRANK GUINTA		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address PO BOX 877		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.53381
City MANCHESTER State NH Zip Code 03105	Purpose of Disbursement CONTRIBUTION 011 Category/Type	
Candidate Name FRANK GUINTA		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NH District: 01	

Full Name (Last, First, Middle Initial) C. FRIENDS OF JACK KINGSTON		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address PO BOX 2133		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.53355
City SAVANNAH State GA Zip Code 31402	Purpose of Disbursement CONTRIBUTION 011 Category/Type	
Candidate Name JOHN KINGSTON		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: GA District: 00	

SUBTOTAL of Disbursements This Page (optional).....	5000.00
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)	PAGE 50 OF 51
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FRIENDS OF JACK KINGSTON		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address PO BOX 2133		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB21.53356
City SAVANNAH State GA Zip Code 31402	Purpose of Disbursement CONTRIBUTION 011 Category/Type	
Candidate Name JOHN KINGSTON		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 00		

Full Name (Last, First, Middle Initial) B. FRIENDS OF JACK KINGSTON		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address PO BOX 2133		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.53357
City SAVANNAH State GA Zip Code 31402	Purpose of Disbursement CONTRIBUTION 011 Category/Type	
Candidate Name JOHN KINGSTON		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: GA District: 00		

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOE HECK		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address PO BOX 750114		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.53322
City LAS VEGAS State NV Zip Code 89136	Purpose of Disbursement CONTRIBUTION 011 Category/Type	
Candidate Name JOE HECK		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NV District: 03		

SUBTOTAL of Disbursements This Page (optional).....	4200.00
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)		PAGE 51 OF 51	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PALAZZO FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 13155 HIGHWAY 67 SUITE B		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.53320
City BILOXI State MS Zip Code 39532	Purpose of Disbursement CONTRIBUTION 011 Category/Type	
Candidate Name STEVEN PALAZZO	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MS District: 04		

Full Name (Last, First, Middle Initial) B. RODNEY FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address PO BOX 344		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.53323
City TAYLORVILLE State IL Zip Code 62568	Purpose of Disbursement CONTRIBUTION 011 Category/Type	
Candidate Name RODNEY DAVIS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 13		

Full Name (Last, First, Middle Initial) C. SCHOOL BOARD HIGHLANDS COUNTY		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 426 SCHOOL ST		Amount of Each Disbursement this Period 800.00 Transaction ID : SB21.53169
City SEBRING State FL Zip Code 33870	Purpose of Disbursement DONATION 012 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3800.00
TOTAL This Period (last page this line number only).....	13000.00