

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

TOM ROONEY FOR CONGRESS

ADDRESS (number and street)

1133 BAL HARBOR BLVD. 1139 #186

Check if different
than previously
reported. (ACC)

PUNTA GORDA

FL

33950

2. FEC IDENTIFICATION NUMBER ▼

C

C00432906

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

FL

17

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer PAUL KILGORE

Signature of Treasurer

PAUL KILGORE

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

04

15

2014

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 47

Write or Type Committee Name

TOM ROONEY FOR CONGRESS

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	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))....	85407.00	330762.16
(b) Total Contribution Refunds (from Line 20(d))	2600.00	2800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	82807.00	327962.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	58099.63	296706.87
(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))	58099.63	291257.93
8. Cash on Hand at Close of Reporting Period (from Line 27).....	491480.63	
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)

PAGE 3 / 47

Write or Type Committee Name

TOM ROONEY FOR CONGRESS

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

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).....

35225.00

128875.00

(ii) Unitemized.....

10182.00

24964.50

(iii) TOTAL of contributions from individuals ▶

45407.00

153839.50

(b) Political Party Committees.....

0.00

0.00

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

40000.00

176922.66

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

85407.00

330762.16

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.)

120.02

752.71

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

85527.02

350533.04

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 47

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	58099.63	296706.87
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	2600.00	2800.00
(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)).....	2600.00	2800.00
21. OTHER DISBURSEMENTS	3500.00	59865.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	64199.63	359371.87

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	470153.24
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	85527.02
25. SUBTOTAL (add Line 23 and Line 24).....	555680.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	64199.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	491480.63

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

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

FOR LINE NUMBER:

PAGE 5 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

GREGORY J CELESTAN

Mailing Address 11756 BROWNING RD.

City

LITHIA

State

FL

Zip Code

33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
CELESTAR CORPORATIONOccupation
CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		16		2014

Transaction ID : SA11AI.52815

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

THE CHICKASAW NATION

Mailing Address PO BOX 1548

City

ADA

State

OK

Zip Code

74821

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.53166

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

RONALD A CHRISTALDI

Mailing Address 3321 W CARRINGTON ST.

City

TAMPA

State

FL

Zip Code

33611

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHUMAKER, LOOP & KENDRICK, LLPOccupation
ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		16		2014

Transaction ID : SA11AI.52820

Amount of Each Receipt this Period

250.00

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

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

2250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

TINA H. CLEMONS**A.**

Mailing Address 395 SW 24TH AVE.

City

OKEECHOBEE

State

FL

Zip Code

34974

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2014

Transaction ID : SA11AI.52871

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

TINA H. CLEMONS**B.**

Mailing Address 395 SW 24TH AVE.

City

OKEECHOBEE

State

FL

Zip Code

34974

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2014

Transaction ID : SA11AI.52938

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

JANENE J CULUMBER**C.**

Mailing Address 17720 GREY EAGLE RD.

City

TAMPA

State

FL

Zip Code

33647

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 M	/	D D D	/	Y Y Y Y Y Y
01		16		2014

Transaction ID : SA11AI.52814

Amount of Each Receipt this Period

250.00

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

850.00

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:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

DINA CUMMINGS

A.

Mailing Address 83 S RIVER RD

City

STUART

State

FL

Zip Code

34996

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		16		2014

Transaction ID : SA11AI.52802

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

PETER CUMMINGS

B.

Mailing Address 4801 PGA BLVD

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer

RAM REALTY SERVICES

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		16		2014

Transaction ID : SA11AI.52800

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

DAVID DE LA PARTE

C.

Mailing Address 3019 VILLA ROSA PARK

City

TAMPA

State

FL

Zip Code

33611

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 M	/	D D D	/	Y Y Y Y Y
01		16		2014

Transaction ID : SA11AI.52816

Amount of Each Receipt this Period

250.00

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 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) JOHN A DEMURO		Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2014	
Mailing Address 4502 S HALE AVE.		Transaction ID : SA11AI.52811	
City TAMPA	State FL	Zip Code 33611	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Name of Employer MOFFITT CANCER CTR	
Occupation ADMINISTRATION		Election Cycle-to-Date 250.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Receipt this Period 2600.00	
B. Full Name (Last, First, Middle Initial) LLWYD ECCLESTONE		Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2014	
Mailing Address 190 S OCEAN BLVD		Transaction ID : SA11AI.52793	
City PALM BEACH	State FL	Zip Code 33480	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Name of Employer SELF-EMPLOYED	
Occupation DEVELOPER		Election Cycle-to-Date 2600.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Receipt this Period 500.00	
C. Full Name (Last, First, Middle Initial) PATRICIA FITZGERALD		Date of Receipt M M / D D / Y Y Y Y 02 / 06 / 2014	
Mailing Address 19558 TRAILS END TER		Transaction ID : SA11AI.52895	
City JUPITER	State FL	Zip Code 33458	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Name of Employer ILLUSTRATED PROPERTIES	
Occupation REAL ESTATE		Election Cycle-to-Date 500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Amount of Each Receipt this Period 3350.00	
SUBTOTAL of Receipts This Page (optional).....		3350.00	
TOTAL This Period (last page this line number only).....		3350.00	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) VOTESANE PAC		Date of Receipt M M / D D / Y Y Y Y 02 / 06 / 2014	
Mailing Address PO BOX 2713		Transaction ID : SA11AI.52896	
City ALEXANDRIA	State VA	Zip Code 22301	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C C00484535		[MEMO ITEM] EARMARKED(NON-DIRECTED): CONDUIT LIMIT NOT AFFECTED	
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 500.00		
B. Full Name (Last, First, Middle Initial) ROBERT J GRAMMIG		Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2014	
Mailing Address 21 BAHAMA CIR.		Transaction ID : SA11AI.52823	
City TAMPA	State FL	Zip Code 33606	Amount of Each Receipt this Period 1000.00
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 1000.00		
C. Full Name (Last, First, Middle Initial) RAYMOND GRAZIOTTO		Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2014	
Mailing Address 19651 N RIVERSIDE DR		Transaction ID : SA11AI.52806	
City TEQUESTA	State FL	Zip Code 33469	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SEVEN KINDS HOLDINGS, INC	Occupation PRESIDENT AND COO		
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).....		2500.00	
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:

PAGE 10 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

PATRICIA W HANDLEY**A.**

Mailing Address 2636 MELLOW LN.

City

SEBRING

State

FL

Zip Code

33870

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CONTRACTOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2014

Transaction ID : SA11AI.53005

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

LEWIS HAY III**B.**

Mailing Address 13220 MARSH LANDING

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

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

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2014

Transaction ID : SA11AI.52808

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

FRANCIS HOGAN**C.**

Mailing Address 1100 NORTHPOINT PKWY

City

WEST PALM BEACH

State

FL

Zip Code

33407

FEC ID number of contributing federal political committee.

C

Name of Employer

OVERSEAS SERVICE CORP

Occupation

REPRESENTATIVE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2014

Transaction ID : SA11AI.52886

Amount of Each Receipt this Period

2600.00

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

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

5150.00

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 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

BELINDA KEISER

A.

Mailing Address 6069 NW 87TH AVE.

City

PARKLAND

State

FL

Zip Code

33067

FEC ID number of contributing
federal political committee.

C

Name of Employer
KEISER UNIVERSITY

Occupation

VICE CHANCELLOR OF COMMUNITY RELAT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2014

Transaction ID : SA11AI.52809

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

JOSEPH KEMPE

B.

Mailing Address 941 N HIGHWAY A1A

City

JUPITER

State

FL

Zip Code

33477

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2014

Transaction ID : SA11AI.52798

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

JOSEPH KEMPE

C.

Mailing Address 941 N HIGHWAY A1A

City

JUPITER

State

FL

Zip Code

33477

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2014

Transaction ID : SA11AI.52801

Amount of Each Receipt this Period

500.00

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

2500.00

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:

PAGE 12 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

NOREITA D KEMPE

A.

Mailing Address 2332 NW BRITT TER.

City

STUART

State

FL

Zip Code

34994

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

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		16		2014

Transaction ID : SA11AI.52799

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

SYDNEY KITSON

B.

Mailing Address 7232 HORIZON DR

City

WEST PALM BEACH

State

FL

Zip Code

33412

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

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		16		2014

Transaction ID : SA11AI.52807

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

JOHN A KOLOSKY

C.

Mailing Address 17813 ARBOR GREENE DR.

City

TAMPA

State

FL

Zip Code

33647

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
01		16		2014

Transaction ID : SA11AI.52821

Amount of Each Receipt this Period

250.00

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

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

4350.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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PAGE 13 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

ARTHUR LAUGHLIN

Mailing Address 1111 N CONGRESS AVE

City

WEST PALM BEACH

State

FL

Zip Code

33409

FEC ID number of contributing
federal political committee.

C

Name of Employer

PALM BCH KENNEL CLUB

Occupation

EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : SA11AI.52872

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

GEORGE D LETSON

Mailing Address 2503 N DUNDEE ST.

City

TAMPA

State

FL

Zip Code

33629

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 M	/	D D D	/	Y Y Y Y Y
01		16		2014

Transaction ID : SA11AI.52819

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

KIMBERLY LIST

Mailing Address 15706 COCHESTER RD.

City

TAMPA

State

FL

Zip Code

33647

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 M	/	D D D	/	Y Y Y Y Y
01		16		2014

Transaction ID : SA11AI.52822

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:

PAGE 14 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

JUDITH LYNCH

A.

Mailing Address 12319 SE BIRKDALE RUN

City

TEQUESTA

State

FL

Zip Code

33469

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 M	/	D D D	/	Y Y Y Y Y Y
02		06		2014

Transaction ID : SA11AI.52873

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

STEPHEN P. LYNCH

B.

Mailing Address 248 OCEAN RD.

City

NARRAGANSETT

State

RI

Zip Code

02882

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 M	/	D D D	/	Y Y Y Y Y Y
02		06		2014

Transaction ID : SA11AI.52874

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

KATHLEEN MARA

C.

Mailing Address 33 WATERMARK RD

City

BEDFORD

State

NY

Zip Code

10506

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2014

Transaction ID : SA11AI.52849

Amount of Each Receipt this Period

2500.00

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:

PAGE 15 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

KATHLEEN MARA

A.

Mailing Address 33 WATERMARK RD

City

BEDFORD

State

NY

Zip Code

10506

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		22		2014

Transaction ID : SA11AI.52847

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

KATHLEEN MARA

B.

Mailing Address 33 WATERMARK RD

City

BEDFORD

State

NY

Zip Code

10506

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		22		2014

Transaction ID : SA11AI.52850

Amount of Each Receipt this Period

2400.00

Full Name (Last, First, Middle Initial)

KALEY MILLER

C.

Mailing Address PO BOX 511195

City

PUNTA GORDA

State

FL

Zip Code

33951

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE MOSAIC COMPANY

Occupation

COMMUNICATIONS MANAGER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		16		2014

Transaction ID : SA11AI.52817

Amount of Each Receipt this Period

250.00

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

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

2750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 16 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

RUSSELL RAMSEY

Mailing Address PO BOX 1595

City

LAKE PLACID

State

FL

Zip Code

33862

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

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : SA11AI.52887

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

JAMES ROBO

Mailing Address 15100 PALMWOOD RD

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEXTERA ENERGY

Occupation

PRESIDENT AND COO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		16		2014

Transaction ID : SA11AI.52805

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

DAVID RODERICK

Mailing Address PO BOX 704

600 GRANT STREET

City

PITTSBURGH

State

PA

Zip Code

15230

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

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		16		2014

Transaction ID : SA11AI.52787

Amount of Each Receipt this Period

1000.00

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

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

3525.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

CHRISTOPHER RUDDY

Mailing Address 1120 BEAR ISLAND DR

City

WEST PALM BEACH

State

FL

Zip Code

33409

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEWSMAX MEDIA

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		16		2014

Transaction ID : SA11AI.52797

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

EMILY M. SMITH

Mailing Address 14603 SW RAKE DR.

City

INDIANTOWN

State

FL

Zip Code

34956

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 M	/	D D D	/	Y Y Y Y Y
03		12		2014

Transaction ID : SA11AI.52916

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

DAVID TESTA

Mailing Address 314 S BEACH RD

City

HOBE SOUND

State

FL

Zip Code

33455

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

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		16		2014

Transaction ID : SA11AI.52835

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:

PAGE 18 OF 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

ROBERT I WATKINS

A.

Mailing Address 1903 BAYSHORE BLVD.

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
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
01		16		2014

Transaction ID : SA11AI.52813

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

JAMES WILSON

B.

Mailing Address 445 S 12TH ST.
UNIT 708

City

TAMPA

State

FL

Zip Code

33602

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
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
01		16		2014

Transaction ID : SA11AI.52818

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C.

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

Amount of Each Receipt this Period

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

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

500.00

35225.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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 (check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

AMERICAN BANKERS ASSOC. PAC (BANKPAC)

Mailing Address 1120 CONNECTICUT AVE NW

City

WASHINGTON

State

DC

Zip Code

20036

 FEC ID number of contributing
 federal political committee.

C C00004275

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2014

Transaction ID : SA11C.52795

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

AMERICAN BANKERS ASSOC. PAC (BANKPAC)

Mailing Address 1120 CONNECTICUT AVE NW

City

WASHINGTON

State

DC

Zip Code

20036

 FEC ID number of contributing
 federal political committee.

C C00004275

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

7000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2014

Transaction ID : SA11C.52891

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

AMERICAN BANKERS ASSOC. PAC (BANKPAC)

Mailing Address 1120 CONNECTICUT AVE NW

City

WASHINGTON

State

DC

Zip Code

20036

 FEC ID number of contributing
 federal political committee.

C C00004275

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

7000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2014

Transaction ID : SA11C.52892

Amount of Each Receipt this Period

2000.00

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

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

5000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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 (check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EMERGENT BIOSOLUTIONS INC EMPLOYEES PAC

Mailing Address 2273 RESEARCH BLVD

SUITE 400

City

ROCKVILLE

State

MD

Zip Code

20850

 FEC ID number of contributing
 federal political committee.

C

C00380303

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M	M	M
0	1	

D	D	D
1	6	

Y	Y	Y	Y	Y	Y
2	0	1	4		

Transaction ID : SA11C.52788

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. EMPLOYEES OF NORTHROP GRUMMAN PAC

Mailing Address 520 S GRAND AVE STE 700

City

LOS ANGELES

State

CA

Zip Code

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

7000.00

Date of Receipt

M	M	M
0	3	

D	D	D
3	1	

Y	Y	Y	Y	Y	Y
2	0	1	4		

Transaction ID : SA11C.53164

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. EMPLOYEES OF NORTHROP GRUMMAN PAC

Mailing Address 520 S GRAND AVE STE 700

City

LOS ANGELES

State

CA

Zip Code

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

7000.00

Date of Receipt

M	M	M
0	3	

D	D	D
3	1	

Y	Y	Y	Y	Y	Y
2	0	1	4		

Transaction ID : SA11C.53165

Amount of Each Receipt this Period

1000.00

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

3000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

FARM CREDIT PAC

Mailing Address 50 F ST NW STE 900

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C** C00193631

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2014

Transaction ID : SA11C.52917

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

FLORIDA FARM BUREAU FEDERATION

Mailing Address PO BOX 147030

City

GAINESVILLE

State

FL

Zip Code

32614

FEC ID number of contributing
federal political committee.**C** C00283572

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2014

Transaction ID : SA11C.52790

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

GRIDIRON PAC

Mailing Address 280 PARK AVE FL 17

City

NEW YORK

State

NY

Zip Code

10017

FEC ID number of contributing
federal political committee.**C** C00451153

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

Transaction ID : SA11C.53162

Amount of Each Receipt this Period

5000.00

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

8000.00

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 23 OF 47

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MOTOROLA SOLUTIONS, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1455 PENNSYLVANIA AVENUE, NW
 SUITE 900

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee.

C C00075341

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

Transaction ID : SA11C.53167

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL THOROUGHBRED RACING ASSN. PAC

Mailing Address 2525 HARRODSBURG RD

City	State	Zip Code
LEXINGTON	KY	40504

FEC ID number of contributing federal political committee.

C C00360008

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

Transaction ID : SA11C.53163

Amount of Each Receipt this Period

2500.00

C. Full Name (Last, First, Middle Initial)
OSI RESTAURANT PARTNERS, LLC PAC

Mailing Address 2202 N WEST SHORE BLVD FL 5

City	State	Zip Code
TAMPA	FL	33607

FEC ID number of contributing federal political committee.

C C00253153

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2014

Transaction ID : SA11C.52791

Amount of Each Receipt this Period

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)

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☐ 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) REALTORS PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 430 N MICHIGAN AVE		Transaction ID : SA11C.53182	
City CHICAGO	State IL	Zip Code 60611	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00030718			
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 2000.00		
B. Full Name (Last, First, Middle Initial) RJ REYNOLDS PAC		Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2014	
Mailing Address 401 N MAIN ST		Transaction ID : SA11C.52804	
City WINSTON SALEM	State NC	Zip Code 27101	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00042002			
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		
C. Full Name (Last, First, Middle Initial) THE SCOTTS MIRACLE-GRO COMPANY STEWARDSHIP PAC		Date of Receipt M M / D D / Y Y Y Y 02 / 06 / 2014	
Mailing Address 14111 SCOTSLAWN ROAD		Transaction ID : SA11C.52888	
City MARYSVILLE	State OH	Zip Code 43041	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00365254			
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).....		3000.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
TOM ROONEY FOR CONGRESS

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

Mailing Address **PO BOX 11586**

City **WASHINGTON** State **DC** Zip Code **20008**

FEC ID number of contributing federal political committee. **C C00433060**

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
03		18		2014

Transaction ID : SA11C.52918

Amount of Each Receipt this Period

2500.00

B. Full Name (Last, First, Middle Initial)
TYSON FOODS INC POLITICAL ACTION COMMITTEE (TYPAC)

Mailing Address **PO BOX 2020**

City **SPRINGDALE** State **AR** Zip Code **72765**

FEC ID number of contributing federal political committee. **C C00169821**

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
03		31		2014

Transaction ID : SA11C.53161

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
UNITED STATES SUGAR CORP. PAC

Mailing Address **111 PONCE DE LEON AVE**

City **CLEWISTON** State **FL** Zip Code **33440**

FEC ID number of contributing federal political committee. **C C00234120**

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
01		16		2014

Transaction ID : SA11C.52810

Amount of Each Receipt this Period

2500.00

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

6000.00

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)

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<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) USAA EMPLOYEE PAC		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>16</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		16		2014
M M	/	D D	/	Y Y Y Y									
01		16		2014									
Mailing Address 9800 FREDERICKSBURG RD		Transaction ID : SA11C.52796											
City SAN ANTONIO	State TX	Zip Code 78288	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>5000.00</td> </tr> </table>					5000.00					
				5000.00									
FEC ID number of contributing federal political committee. C C00164145													
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 <table border="1"> <tr> <td colspan="4"></td> <td>5000.00</td> </tr> </table>						5000.00					
				5000.00									
B. Full Name (Last, First, Middle Initial) VERIZON COMMUNICATIONS INC./VERIZON WIRELESS GOOD GOVERNMENT CLUB		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>18</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		18		2014
M M	/	D D	/	Y Y Y Y									
03		18		2014									
Mailing Address 1300 I ST NW, STE 400 WEST		Transaction ID : SA11C.52919											
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>1000.00</td> </tr> </table>					1000.00					
				1000.00									
FEC ID number of contributing federal political committee. C C00186288													
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 <table border="1"> <tr> <td colspan="4"></td> <td>3000.00</td> </tr> </table>						3000.00					
				3000.00									
C. Full Name (Last, First, Middle Initial) ZENECA INC. POLITICAL ACTION COMMITTEE		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>16</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		16		2014
M M	/	D D	/	Y Y Y Y									
01		16		2014									
Mailing Address C/O ZENECA INC. 1800 CONCORD PIKE, PO BOX 15437		Transaction ID : SA11C.52803											
City WILMINGTON	State DE	Zip Code 19850	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>1000.00</td> </tr> </table>					1000.00					
				1000.00									
FEC ID number of contributing federal political committee. C C00279455													
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 <table border="1"> <tr> <td colspan="4"></td> <td>1000.00</td> </tr> </table>						1000.00					
				1000.00									
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="4"></td> <td>7000.00</td> </tr> </table>						7000.00					
				7000.00									
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="4"></td> <td>40000.00</td> </tr> </table>						40000.00					
				40000.00									

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 27 OF 47

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

GULFSTREAM BANK

A.

Mailing Address 2400 SE MONTEREY RD STE 100

City
STUARTState
FLZip Code
34996FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

491.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		31		2014

Transaction ID : SA15.52862

Amount of Each Receipt this Period

31.33

BANK INTEREST

Full Name (Last, First, Middle Initial)

GULFSTREAM BANK

B.

Mailing Address 2400 SE MONTEREY RD STE 100

City
STUARTState
FLZip Code
34996FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

520.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : SA15.52929

Amount of Each Receipt this Period

28.40

BANK INTEREST

Full Name (Last, First, Middle Initial)

GULFSTREAM BANK

C.

Mailing Address 2400 SE MONTEREY RD STE 100

City
STUARTState
FLZip Code
34996FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

551.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA15.53170

Amount of Each Receipt this Period

31.55

BANK INTEREST

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

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

91.28

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 47

☐ 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) SUNTRUST BANK		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 111 SE OSCEOLA ST		Transaction ID : SA15.53171	
City STUART	State FL	Zip Code 34994	Amount of Each Receipt this Period 9.90 BANK INTEREST
FEC ID number of contributing federal political committee. C			
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 200.81		
B. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
SUBTOTAL of Receipts This Page (optional).....		9.90	
TOTAL This Period (last page this line number only).....		101.18	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 47

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

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address PO BOX 360001

City	State	Zip Code
FORT LAUDERDALE	FL	33336

Purpose of Disbursement
CC TRANSACTION FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.52868

B. AMERICAN EXPRESS

Mailing Address PO BOX 360001

City	State	Zip Code
FORT LAUDERDALE	FL	33336

Purpose of Disbursement
CC TRANSACTION FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		08		2014

Amount of Each Disbursement this Period

0.44

Transaction ID : SB17.52927

C. BELLWETHER CONSULTING GROUP

Mailing Address 1111 19TH ST NW STE 1150

City	State	Zip Code
WASHINGTON	DC	20036

Purpose of Disbursement
FUNDRAISING CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.52766

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

2181.25

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 47

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

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BELLWETHER CONSULTING GROUP

Mailing Address 1111 19TH ST NW STE 1150

City	State	Zip Code
WASHINGTON	DC	20036

Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.52851

B. BELLWETHER CONSULTING GROUP

Mailing Address 1111 19TH ST NW STE 1150

City	State	Zip Code
WASHINGTON	DC	20036

Purpose of Disbursement
SEE BELOW

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

Amount of Each Disbursement this Period

57.70

Transaction ID : SB17.52910

C. UPS STORE

Mailing Address 2336 S.E. OCEAN BLVD

City	State	Zip Code
STUART	FL	34995

Purpose of Disbursement
SHIPPING

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

Amount of Each Disbursement this Period

16.89

Transaction ID : SB17.52911

[MEMO ITEM]

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

2057.70

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 47

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

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BELLWETHER CONSULTING GROUP

Mailing Address 1111 19TH ST NW STE 1150

City	State	Zip Code
WASHINGTON	DC	20036

Purpose of Disbursement
EMAIL BLAST

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03	/	11	/	2014

Amount of Each Disbursement this Period

22.81

Transaction ID : SB17.52912

[MEMO ITEM]

B. BELLWETHER CONSULTING GROUP

Mailing Address 1111 19TH ST NW STE 1150

City	State	Zip Code
WASHINGTON	DC	20036

Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03	/	11	/	2014

Amount of Each Disbursement this Period

9314.70

Transaction ID : SB17.52913

C. HILLSBOROUGH COUNTY

Mailing Address 601 E KENNEDY BLVD

City	State	Zip Code
TAMPA	FL	33602

Purpose of Disbursement
PETITIONS

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03	/	19	/	2014

Amount of Each Disbursement this Period

33.72

Transaction ID : SB17.53174

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

9348.42

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 PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 47

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

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. INTEGRATED CAMPAIGN SOLUTIONS

Mailing Address 526 DAROCO AVE

City	State	Zip Code
CORAL GABLES	FL	33146

Purpose of Disbursement
FUNDRAISING CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		05		2014

Amount of Each Disbursement this Period

4366.00

Transaction ID : SB17.52864

B. INTEGRATED CAMPAIGN SOLUTIONS

Mailing Address 526 DAROCO AVE

City	State	Zip Code
CORAL GABLES	FL	33146

Purpose of Disbursement
FUNDRAISING CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2014

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.52904

C. INTEGRATED CAMPAIGN SOLUTIONS

Mailing Address 526 DAROCO AVE

City	State	Zip Code
CORAL GABLES	FL	33146

Purpose of Disbursement
FUNDRAISING CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.52905

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

10366.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 47

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

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. INTEGRATED CAMPAIGN SOLUTIONS

Mailing Address 526 DAROCO AVE

City	State	Zip Code
CORAL GABLES	FL	33146

Purpose of Disbursement
FUNDRAISING CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		25		2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.52906

B. PROFESSIONAL DATA SERVICES

Mailing Address 264 N LUMPKIN ST # 202

City	State	Zip Code
ATHENS	GA	30601

Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		15		2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.52786

C. PROFESSIONAL DATA SERVICES

Mailing Address 264 N LUMPKIN ST # 202

City	State	Zip Code
ATHENS	GA	30601

Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		14		2014

Amount of Each Disbursement this Period

2012.94

Transaction ID : SB17.52897

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

6012.94

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 47

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

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. RED PLEDGE

Mailing Address 53 LAKE MORTON DR STE 110

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2014

City	State	Zip Code
LAKELAND	FL	33801

Amount of Each Disbursement this Period

291.05

Purpose of Disbursement
CC TRANSACTION FEES

001

Transaction ID : SB17.52866

Candidate Name

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)

B. RED PLEDGE

Mailing Address 53 LAKE MORTON DR STE 110

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2014

City	State	Zip Code
LAKELAND	FL	33801

Amount of Each Disbursement this Period

135.43

Purpose of Disbursement
CC TRANSACTION FEES

001

Transaction ID : SB17.52901

Candidate Name

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. RED PLEDGE

Mailing Address 53 LAKE MORTON DR STE 110

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		04		2014

City	State	Zip Code
LAKELAND	FL	33801

Amount of Each Disbursement this Period

32.02

Purpose of Disbursement
CC TRANSACTION FEES

001

Transaction ID : SB17.52923

Candidate Name

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:

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

458.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. REPUBLICAN PARTY OF MANATEE COUNTY

Mailing Address 2614 MANATEE AVE. W

City	State	Zip Code
BRADENTON	FL	34205

Purpose of Disbursement
EVENT SPONSORSHIP

001

Candidate Name

REPUBLICAN PARTY OF MANATEE COUNTYCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		12		2014

Amount of Each Disbursement this Period

1600.00

Transaction ID : SB17.52903

B. STRATEGIC IMAGE MANAGEMENT LLC

Mailing Address 511 W BAY ST STE 350

City	State	Zip Code
TAMPA	FL	33606

Purpose of Disbursement
PRINTING

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		21		2014

Amount of Each Disbursement this Period

3898.59

Transaction ID : SB17.52843

C. SUNTRUST BANK

Mailing Address 111 SE OSCEOLA ST

City	State	Zip Code
STUART	FL	34994

Purpose of Disbursement
BANK FEES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.52924

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

5548.59

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 47

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

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SUNTRUST VISA

Mailing Address P.O. BOX 791250

City	State	Zip Code
BALTIMORE	MD	21279

Purpose of Disbursement
SEE BELOW

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2014

Amount of Each Disbursement this Period

6980.38

Transaction ID : SB17.52767

B. UNITED STATES POST OFFICE

Mailing Address 4200 CONROY RD

City	State	Zip Code
ORLANDO	FL	32839

Purpose of Disbursement
POSTAGE

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2014

Amount of Each Disbursement this Period

322.08

Transaction ID : SB17.53183

[MEMO ITEM]

C. UPS STORE

Mailing Address 2336 S.E. OCEAN BLVD

City	State	Zip Code
STUART	FL	34995

Purpose of Disbursement
SHIPPING

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2014

Amount of Each Disbursement this Period

59.22

Transaction ID : SB17.53184

[MEMO ITEM]

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

6980.38

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 47

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

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAPITAL GRILLE

Mailing Address 601 PENNSYLVANIA AVE NW

City	State	Zip Code
WASHINGTON	DC	20004

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2014

Amount of Each Disbursement this Period

4610.28

Transaction ID : SB17.53185

[MEMO ITEM]

B. THE CONGRESSIONAL INSTITUTE

Mailing Address 1001 N FAIRFAX ST STE 410

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
CONFERENCE

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2014

Amount of Each Disbursement this Period

445.00

Transaction ID : SB17.53186

[MEMO ITEM]

C. HERTZ

Mailing Address 225 BRAE BLVD

City	State	Zip Code
PARK RIDGE	NJ	07656

Purpose of Disbursement
CAR RENTAL

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:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2014

Amount of Each Disbursement this Period

450.10

Transaction ID : SB17.53187

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 47

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

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
EVENT CATERING

001

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2014

Amount of Each Disbursement this Period

650.15

Transaction ID : SB17.53188

[MEMO ITEM]

B. SUNTRUST VISA

Mailing Address P.O. BOX 791250

City	State	Zip Code
BALTIMORE	MD	21279

Purpose of Disbursement
SEE BELOW

001

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2014

Amount of Each Disbursement this Period

1003.69

Transaction ID : SB17.52852

C. UPS STORE

Mailing Address 2336 S.E. OCEAN BLVD

City	State	Zip Code
STUART	FL	34995

Purpose of Disbursement
SHIPPING

001

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2014

Amount of Each Disbursement this Period

57.00

Transaction ID : SB17.52853

[MEMO ITEM]

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

1003.69

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 47

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

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UNITED STATES POST OFFICE

Mailing Address 4200 CONROY RD

City	State	Zip Code
ORLANDO	FL	32839

Purpose of Disbursement
POSTAGE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2014

Amount of Each Disbursement this Period

15.95

Transaction ID : SB17.52854

[MEMO ITEM]

B. CONGRESSIONAL LIQUOR

Mailing Address 404 1ST ST SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
EVENT BEVERAGES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2014

Amount of Each Disbursement this Period

39.34

Transaction ID : SB17.52855

[MEMO ITEM]

C. ROCKLANDS CATERING

Mailing Address 2418 WISCONSIN AVE NW

City	State	Zip Code
WASHINGTON	DC	20007

Purpose of Disbursement
EVENT CATERING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2014

Amount of Each Disbursement this Period

360.77

Transaction ID : SB17.52856

[MEMO ITEM]

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

0.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD

City	State	Zip Code
PHOENIX	AZ	85034

Purpose of Disbursement
AIRFARE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2014

Amount of Each Disbursement this Period

318.00

Transaction ID : SB17.52857

[MEMO ITEM]

B. MARRIOTT HOTELS

Mailing Address 10400 FERNWOOD RD

City	State	Zip Code
BETHESDA	MD	20817

Purpose of Disbursement
LODGING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2014

Amount of Each Disbursement this Period

212.63

Transaction ID : SB17.52858

[MEMO ITEM]

C. SUNTRUST VISA

Mailing Address P.O. BOX 791250

City	State	Zip Code
BALTIMORE	MD	21279

Purpose of Disbursement
SEE BELOW

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

Amount of Each Disbursement this Period

2853.95

Transaction ID : SB17.52914

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

2853.95

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 47

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

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
EVENT CATERING

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

Amount of Each Disbursement this Period

378.14

Transaction ID : SB17.53189

[MEMO ITEM]**B. UPS STORE**

Mailing Address 2336 S.E. OCEAN BLVD

City	State	Zip Code
STUART	FL	34995

Purpose of Disbursement
SHIPPING

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

Amount of Each Disbursement this Period

27.15

Transaction ID : SB17.53190

[MEMO ITEM]**C. CONGRESSIONAL LIQUOR**

Mailing Address 404 1ST ST SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
EVENT BEVERAGES

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

Amount of Each Disbursement this Period

81.37

Transaction ID : SB17.53191

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DOLLAR CAR RENTAL

Mailing Address PO BOX 33167

City	State	Zip Code
TULSA	OK	74153

Purpose of Disbursement
CAR RENTAL

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

Amount of Each Disbursement this Period

317.19

Transaction ID : SB17.53192

[MEMO ITEM]**B. CAPITAL GRILLE**

Mailing Address 601 PENNSYLVANIA AVE NW

City	State	Zip Code
WASHINGTON	DC	20004

Purpose of Disbursement
EVENT CATERING

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

Amount of Each Disbursement this Period

273.80

Transaction ID : SB17.53193

[MEMO ITEM]**C. HARRY'S RESERVE**

Mailing Address 909 NEW JERSEY AVE. SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
EVENT BEVERAGES

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

Amount of Each Disbursement this Period

202.81

Transaction ID : SB17.53194

[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 PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 47

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

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DELTA

Mailing Address 1030 DELTA BLVD

City	State	Zip Code
ATLANTA	GA	30354

Purpose of Disbursement
AIRFARE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

Amount of Each Disbursement this Period

1140.00

Transaction ID : SB17.53195

[MEMO ITEM]**B. WE, THE PIZZA**

Mailing Address 305 PENNSYLVANIA AVE. SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
MEETING EXPENSE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

Amount of Each Disbursement this Period

149.46

Transaction ID : SB17.53196

[MEMO ITEM]**C. GRAVES 601**

Mailing Address 601 1ST AVE. N.

City	State	Zip Code
MINNEAPOLIS	MN	55403

Purpose of Disbursement
LODGING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

Amount of Each Disbursement this Period

257.25

Transaction ID : SB17.53197

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. THE LUKENS COMPANYMailing Address 2800 SHIRLINGTON ROAD
9TH FLOOR

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
POSTAGE AND PRINTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2014

Amount of Each Disbursement this Period

10249.93

Transaction ID : SB17.52920

B. VERIZON WIRELESS

Mailing Address 2040 SE FEDERAL HIGHWAY

City STUART State FL Zip Code 34994

Purpose of Disbursement
CELL PHONE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		21		2014

Amount of Each Disbursement this Period

197.59

Transaction ID : SB17.52867

C. VERIZON WIRELESS

Mailing Address 2040 SE FEDERAL HIGHWAY

City STUART State FL Zip Code 34994

Purpose of Disbursement
CELL PHONE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		20		2014

Amount of Each Disbursement this Period

197.87

Transaction ID : SB17.52902

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

10645.39

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TOM ROONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. VERIZON WIRELESS

Mailing Address 2040 SE FEDERAL HIGHWAY

City	State	Zip Code
STUART	FL	34994

Purpose of Disbursement
CELL PHONE

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2014

Amount of Each Disbursement this Period

200.22

Transaction ID : SB17.52926

B.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
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Amount of Each Disbursement this Period

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

200.22

57657.03

