

**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 1202 OF 1203

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

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NAME OF COMMITTEE (In Full)
Friends of Pat Toomey

| | | | |
|--|-------------|---|--|
| Full Name (Last, First, Middle Initial) A. Rothenberg, Howard, , Mr., | | Date of Disbursement MM / DD / YYYY 10 / 01 / 2016 | |
| Mailing Address 102 Sturbridge Rd | | FEC Identification Number C | |
| City Clarks Summit | State PA | Zip Code 18411-1068 | Amount of Each Disbursement this Period 2700.00 |
| Purpose of Disbursement Refund: Contribution Refund | | Category/ Type | Transaction ID : B4F00429BA9A945918CB |
| Candidate Name | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: | District: | | |

| | | | |
|--|-------------|---|--|
| Full Name (Last, First, Middle Initial) B. Eckel, Keith, W, Mr., | | Date of Disbursement MM / DD / YYYY 10 / 01 / 2016 | |
| Mailing Address 1647 Falls Rd | | FEC Identification Number C | |
| City Clarks Summit | State PA | Zip Code 18411-9644 | Amount of Each Disbursement this Period 2700.00 |
| Purpose of Disbursement Refund: Contribution Refund | | Category/ Type | Transaction ID : BC424053F06044361811 |
| Candidate Name | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Memo Item |
| Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: | District: | | |

| | | | |
|---|-----------|--|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement MM / DD / YYYY | |
| Mailing Address | | FEC Identification Number C | |
| City | State | Zip Code | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | Category/ Type | <input type="checkbox"/> Memo Item |
| 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)... | 5400.00 |
| TOTAL This Period (last page this line number only)... | 19050.00 |

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