

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Tom Feeny for Congress

ADDRESS (number and street) P, O, Box 622345
 Check if different than previously reported. (ACC)
Oviedo FL 32762

2. **FEC IDENTIFICATION NUMBER** C00368951
CITY STATE ZIP CODE STATE DISTRICT
FL 24
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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 in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2007 through 12 31 2007

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 Nancy H. Watkins

Signature of Treasurer Electronically Filed by Nancy H. Watkins Date 01 30 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Tom Feeney for Congress

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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)).....	153498.87	770497.58
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	153498.87	770497.58
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	81618.58	400146.61
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	7015.13
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	81618.58	393131.48
8. Cash on Hand at Close of Reporting Period (from Line 27).....	454625.31	
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

Write or Type Committee Name
Tom Feeny for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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).....

51307.87

293269.77

(ii) Unitemized.....

14191.00

51678.22

(iii) TOTAL of contributions

65498.87

344947.99

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

88000.00

425549.59

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

153498.87

770497.58

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

0.00

0.00

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

7015.13

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

3695.02

4363.43

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

157193.89

781876.14

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	81618.58	400146.61
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.....	0.00	0.00
(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)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	923.00	7423.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	82541.58	407569.61

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	379973.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	157193.89
25. SUBTOTAL (add Line 23 and Line 24).....	537166.89
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	82541.58
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	454625.31

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate		Candidate ID Number	
Tom Feeny		H2FL00250	
Name of Principal Campaign Committee		Committee ID Number	
Tom Feeny for Congress		C C00368951	
Committee Address			
P. O. Box 622345			
City	State	ZIP	
Oviedo	FL	32762	
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election			
	Primary	General	
1. Gross receipts of authorized committees	740026.14	41850.00	
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00	
3. Gross receipts minus the candidate's personal contributions	740026.14	41850.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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 Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Roberto Abascal

Mailing Address 281 Hillcrest Drive

City Oviedo State FL Zip Code 32765

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

Name of Employer AVT Stimulation Occupation president

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 11 / 19 / 2007
Transaction ID: C-10-01zB02
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Dan Adovasio

Mailing Address P. O. Box 541275

City Merritt Island State FL Zip Code 32954

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

Name of Employer self-employed Occupation insurance agent

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 11 / 19 / 2007
Transaction ID: C-17-005s07
 Amount of Each Receipt this Period 750.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1776 K Street, N.W.

City Washington State DC Zip Code 20006

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

Name of Employer Wiley Rein, LLP Occupation attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 10 / 01 / 2007
Transaction ID: C-31-01hZ03
 Amount of Each Receipt this Period 200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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 7 / 108
(check only one)	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A.	Full Name (Last, First, Middle Initial) Alfred Angelo		Date of Receipt
	Mailing Address 340 N. Avenue, E.		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Cranford	NJ	07016
	FEC ID number of contributing federal political committee. C		Transaction ID: C-66-00yp02
Name of Employer Angelo & O'Brien		Occupation accountant	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Silas K. Baker		Date of Receipt
	Mailing Address 1272 Admiralty Blvd.		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Rockledge	FL	32955
	FEC ID number of contributing federal political committee. C		Transaction ID: C-105-01xt02
Name of Employer n/a		Occupation retired	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="300.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Attison Barnes		Date of Receipt
	Mailing Address 1776 K Street, N.W.		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Washington	DC	20006
	FEC ID number of contributing federal political committee. C		Transaction ID: C-133-01hb03
Name of Employer Wiley Rein, LLP		Occupation attorney	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text" value="200.00"/>
		<input type="text" value="300.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
John Barry

Mailing Address 1776 K Street, N.W.

City Washington State DC Zip Code 20006

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

Name of Employer Wiley Rein, LLP Occupation attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY
10 / 01 / 2007

Transaction ID: C-138-01hc03

Amount of Each Receipt this Period: 200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Michael J. Bates

Mailing Address 1320 Argyll Drive

City Arnold State MD Zip Code 21012

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

Name of Employer Timmons & Company Occupation executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
11 / 06 / 2007

Transaction ID: C-152-022K01

Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Laura P. Baugher

Mailing Address 118 Sunset Drive

City Cocoa Beach State FL Zip Code 32931

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

Name of Employer n/a Occupation homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
11 / 19 / 2007

Transaction ID: C-155-022V01

Amount of Each Receipt this Period: 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 750.00

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 9 / 108
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
Robert A. Baugher

Mailing Address 2210 S. Atlantic Avenue

City State Zip Code
Cocoa Beach FL 32931

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

Name of Employer self-employed Occupation
hotelier

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: C-156-022U01

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
James Bayes

Mailing Address 1776 K Street, N.W.

City State Zip Code
Washington DC 20006

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

Name of Employer Wiley Rein, LLP Occupation
attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
10 / 01 / 2007

Transaction ID: C-158-01hd03

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Jeffrey Bongren

Mailing Address 4145 Hickory Lane Court

City State Zip Code
Titusville FL 32780

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

Name of Employer Boeing Occupation
software engineer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: C-211-01cY03

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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 / 108

(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
Paul R. Bradshaw

Mailing Address 1345 Dupont Road

City State Zip Code
Havana FL 32333

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

Name of Employer Occupation
Southern Strategy Group attorney

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C-231-00Av02

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Sally S. Bradshaw

Mailing Address 1345 Dupont Road

City State Zip Code
Havana FL 32333

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

Name of Employer Occupation
self-employed political consultant

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C-233-003s05

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Harry A. Brandt

Mailing Address 4711 Van Kleeck Drive

City State Zip Code
New Smyrna Beach FL 32169

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

Name of Employer Occupation
n/a retired

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: C-237-00Mn03

Amount of Each Receipt this Period

2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

4300.00

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 11 / 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A.	Full Name (Last, First, Middle Initial) Wesley W. Brumback		Date of Receipt
	Mailing Address 726 Glen Eagle Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Winter Springs	FL	32708
	FEC ID number of contributing federal political committee. C		Transaction ID: C-260-00eS03
Name of Employer Hamlin and Valencia, LLC		Occupation managing partner	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Robert E. Carrigan		Date of Receipt
	Mailing Address 18716 E. Colonial Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Orlando	FL	32820
	FEC ID number of contributing federal political committee. C		Transaction ID: C-336-006n08
Name of Employer Carrigan Realty, Inc.		Occupation real estate broker	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Charles J. Chase		Date of Receipt
	Mailing Address 2065 Venetian Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Winter Park	FL	32789
	FEC ID number of contributing federal political committee. C		Transaction ID: C-360-007v0D
Name of Employer Anesth. of Greater Orlando, MD, PA		Occupation physician	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1500.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 12 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Charles J. Chase

Mailing Address 2065 Venetian Way

City State Zip Code
Winter Park FL 32789

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

Name of Employer Anesth. of Greater Orlando, MD, PA Occupation physician

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General 1500.00
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
12 / 13 / 2007

Transaction ID: C-361-007v0E

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Charlie L. Cobb

Mailing Address 341 N. Ridgewood Avenue

City State Zip Code
Edgewater FL 32132

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

Name of Employer State Farm Insurance Occupation insurance agent

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General 2050.00
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
11 / 02 / 2007

Transaction ID: C-387-00PN0J

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Charlie L. Cobb

Mailing Address 341 N. Ridgewood Avenue

City State Zip Code
Edgewater FL 32132

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

Name of Employer State Farm Insurance Occupation insurance agent

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General 2050.00
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
12 / 13 / 2007

Transaction ID: C-388-00PN0K

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **1250.00**

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 13 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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 Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Roy C. Coffee

Mailing Address 3209 Thornapple Street

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Occupation
Locke Lindell Strategies, LP partner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: C-390-022E01

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Edward Comer

Mailing Address 7645 Bent Bow Trail

City State Zip Code
Winter Park FL 32792

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

Name of Employer Occupation
n/a retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: C-402-00HZ06

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 7645 Bent Bow Trail

City State Zip Code
Winter Park FL 32792

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

Name of Employer Occupation
n/a retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Transaction ID: C-403-00HZ07

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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 14 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Francis A. Dibello

Mailing Address 100 Riverside Drive, #A-306

City State Zip Code
Cocoa FL 32922

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

Name of Employer Florida Aerospace Finance Occupation president/c.e.o.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: C-499-01Xy02

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Roger W. Dobson

Mailing Address 6245 S. Tropical Trail

City State Zip Code
Merritt Island FL 32952

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

Name of Employer n/a Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: C-516-002L07

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Charles E. Dorkey

Mailing Address 205 E. 69th Street

City State Zip Code
New York NY 10021

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

Name of Employer Torys Occupation executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 1000.00

Transaction ID: C-523-023q01

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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 15 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Jake C. Drennon
Mailing Address P.O. Box 1718
City Titusville State FL Zip Code 32781
FEC ID number of contributing federal political committee. **C**
Name of Employer State Farm Insurance Occupation insurance agent
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Amount of Each Receipt this Period 250.00
Transaction ID: C-531-022R01
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Morris Douglas Dunn
Mailing Address 98 Welsh Lane
City New Vernon State NJ Zip Code 07976
FEC ID number of contributing federal political committee. **C**
Name of Employer Milbank Tweed et al Occupation attorney
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Amount of Each Receipt this Period 1000.00
Transaction ID: C-540-023p01
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Brewster J. Durkee
Mailing Address 5027 River Point Road
City Jacksonville State FL Zip Code 32207
FEC ID number of contributing federal political committee. **C**
Name of Employer n/a Occupation retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Amount of Each Receipt this Period 500.00
Transaction ID: C-550-01EW07
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1350.00
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 16 / 108
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) Brewster J. Durkee		Date of Receipt MM / DD / YYYY 12 / 05 / 2007
	Mailing Address 5027 River Point Road		Transaction ID: C-551-01EW08
	City Jacksonville	State FL	Zip Code 32207
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer n/a	Occupation retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <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) Sanford D. Elsass		Date of Receipt MM / DD / YYYY 12 / 22 / 2007
	Mailing Address 745 5th Avenue, 19th Floor		Transaction ID: C-568-022k01
	City New York	State NY	Zip Code 10151
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer The Uni-Ter Group	Occupation c.e.o.	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <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) Frances L. Eskew		Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 3157 Orleans Ways		Transaction ID: C-585-00gA07
	City Apopka	State FL	Zip Code 32703
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Tradewind Mortgage	Occupation mortgage broker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
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 17 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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 Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Ralph L. Evans
Mailing Address 532 Windmeadow Street
City State Zip Code
Altamonte Springs FL 32701
FEC ID number of contributing federal political committee. **C**
Name of Employer n/a Occupation retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt 12 / 19 / 2007
Transaction ID: C-592-00ym08
Amount of Each Receipt this Period 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mallory Factor
Mailing Address 134 Meeting Street
City State Zip Code
Charleston SC 29401
FEC ID number of contributing federal political committee. **C**
Name of Employer Mallory Factor, Inc. Occupation owner
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt 12 / 11 / 2007
Transaction ID: C-604-023101
Amount of Each Receipt this Period 2300.00
catering
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Michael J. Fedak
Mailing Address 655 Park Avenue
City State Zip Code
New York NY 10021
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2000.00
Date of Receipt 12 / 14 / 2007
Transaction ID: C-624-023n01
Amount of Each Receipt this Period 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 4400.00
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 18 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

<p>A. Full Name (Last, First, Middle Initial) Henry A. Fischer</p> <p>Mailing Address P. O. Box 780068</p> <p>City State Zip Code <u>Sebastian</u> FL 32978</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employed Occupation dentist</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table> </p> <p>Transaction ID: C-656-01F108</p> <p>Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">250.00</div> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	1	9	/	2	0	0	7												

<p>B. Full Name (Last, First, Middle Initial) Roger T. Fleming</p> <p>Mailing Address 301 Queen Street</p> <p>City State Zip Code <u>Alexandria</u> VA 22314</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Dutko Worldwide Occupation govt. affairs</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">2024.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table> </p> <p>Transaction ID: C-667-00DO07</p> <p>Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">250.00</div> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	4	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	4	/	2	0	0	7												

<p>C. Full Name (Last, First, Middle Initial) Bruce A. Gates</p> <p>Mailing Address 4135 Seminary Road</p> <p>City State Zip Code <u>Alexandria</u> VA 22304</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Washington Council Ernst & Young Occupation govt. affairs</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">1500.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>0</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table> </p> <p>Transaction ID: C-744-021s01</p> <p>Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">1500.00</div> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	9	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	9	/	2	0	0	7												

SUBTOTAL of Receipts This Page (optional)	<div style="border: 1px solid black; padding: 5px;">2000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

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

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

FOR LINE NUMBER: PAGE 19 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Sam Geduldig

Mailing Address 1519 Pathfinder Lane

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
Clark Lytle & Geduldig senior partner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
10 / 27 / 2007

Transaction ID: C-750-021v01

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Joseph H. Glover

Mailing Address P.O. Box 790

City State Zip Code
Melbourne FL 32902

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

Name of Employer Occupation
Glover Oil owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: C-773-01Qj08

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Robert A. Glover

Mailing Address 4650 Rayburn Road

City State Zip Code
Cocoa FL 32926

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

Name of Employer Occupation
Morgan Stanley investment advisor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: C-774-022S01

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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 20 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Leslie E. McCollum Gooch

Mailing Address 1016 Harrison Circle

City State Zip Code
Alexandria VA 22304

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

Name of Employer Potomac Partners Occupation govt. relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: C-776-022L01

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Theresa Graham

Mailing Address 64 Bay Harbour Drive

City State Zip Code
Ponce Inlet FL 32127

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

Name of Employer self-employed Occupation trainer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 350.00

Transaction ID: C-794-01eK06

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 64 Bay Harbour Drive

City State Zip Code
Ponce Inlet FL 32127

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

Name of Employer self-employed Occupation trainer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 350.00

Transaction ID: C-795-01eK07

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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 21 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Charles E. Grove
 Mailing Address 200 Saint Andrews Blvd. #3003
 City State Zip Code
 Winter Park FL 32792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation retired
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
 Date of Receipt: 10 / 01 / 2007
Transaction ID: C-809-01k104
 Amount of Each Receipt this Period: 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Charles E. Grove
 Mailing Address 200 Saint Andrews Blvd. #3003
 City State Zip Code
 Winter Park FL 32792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation retired
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
 Date of Receipt: 10 / 30 / 2007
Transaction ID: C-810-01k105
 Amount of Each Receipt this Period: 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
James W. Handley
 Mailing Address 10 Willow Green Drive
 City State Zip Code
 Cocoa Beach FL 32931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer n/a Occupation retired
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt: 11 / 19 / 2007
Transaction ID: C-843-00Su06
 Amount of Each Receipt this Period: 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**
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 22 / 108
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
James E. Higgins

Mailing Address 2330 Plaza Five

City Jersey City State NJ Zip Code 07311

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 14 / 2007

Transaction ID: C-902-023m01

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Margaret Honeycutt

Mailing Address 3165 N. Atlantic Avenue

City Cocoa Beach State FL Zip Code 32931

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

Name of Employer n/a Occupation homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2007

Transaction ID: C-932-022T01

Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Constance D. Hunter

Mailing Address 4329 S. Atlantic Avenue

City Ponce Inlet State FL Zip Code 32127

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

Name of Employer n/a Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2007

Transaction ID: C-968-00NS0E

Amount of Each Receipt this Period 50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1300.00

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 23 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Lorena M. Jaeb

Mailing Address P. O. Box 428

City State Zip Code
Mango FL 33550

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

Name of Employer n/a Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	7

Transaction ID: C-995-00QT05

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Leo Kayser

Mailing Address 515 Madison Avenue

City State Zip Code
New York NY 10022

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

Name of Employer Kayser & Redfern, LLP Occupation attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Transaction ID: C-1047-00bF04

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Dale Rodney Ketcham

Mailing Address 1175 Shady Lane

City State Zip Code
Merritt Island FL 32952

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

Name of Employer University of Central Florida Occupation director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	7

Transaction ID: C-1077-022Q01

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 24 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Maxwell C. King

Mailing Address 1384 Walton Heath Court

City State Zip Code
Rockledge FL 32955

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

Name of Employer n/a Occupation retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	7

Transaction ID: C-1096-00ET05

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Maxwell C. King

Mailing Address 1384 Walton Heath Court

City State Zip Code
Rockledge FL 32955

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

Name of Employer n/a Occupation retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	7

Transaction ID: C-1097-00ET06

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 72 Country Club Road

City State Zip Code
Cocoa Beach FL 32931

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

Name of Employer Gary, Harris & Robinson Occupation attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	5	/	2	0	0	7

Transaction ID: C-1105-003n03

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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 25 / 108

(check only one)

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

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 Feeney for Congress

A.

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

Mailing Address 701 Columbia Blvd.

City State Zip Code
Titusville FL 32780

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

Name of Employer Occupation
Knight's Armament Co. president

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: C-1112-00fv04

Amount of Each Receipt this Period

2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Adrian Laffitte

Mailing Address 1265 Mercedes Drive

City State Zip Code
Merritt Island FL 32952

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

Name of Employer Occupation
The Brevard Co. Library System president

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: C-1145-022Y01

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Bertha F. Leonard

Mailing Address 120 N. Christmas Hills Road

City State Zip Code
Titusville FL 32796

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

Name of Employer Occupation
n/a retired

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C-1171-01nz03

Amount of Each Receipt this Period

100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2350.00

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 26 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Bertha F. Leonard

Mailing Address 120 N. Christmas Hills Road

City Titusville State FL Zip Code 32796

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

Name of Employer n/a Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 12 / 05 / 2007
Transaction ID: C-1172-01nz04
 Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Robert M. Levy

Mailing Address 7809 N.E. 69th Street, #1703

City Miami State FL Zip Code 33138

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

Name of Employer self-employed Occupation govt. relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1407.87

Date of Receipt 10 / 08 / 2007
Transaction ID: C-1175-000G07
 Amount of Each Receipt this Period 407.87

food & beverage

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Michele E. Lieber

Mailing Address 3133 Conn Avenue, N.W., #411

City Washington State DC Zip Code 20008

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

Name of Employer GMAC Occupation attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 24 / 2007
Transaction ID: C-1186-01RI02
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **757.87**

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 27 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Hallie Maranchick

Mailing Address 1413 E. Abingdon Drive, #1

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
Pharma Tech Industries federal affairs director

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: C-1258-022D01

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Barbara M. Meloon

Mailing Address 6109 Matchett Road

City State Zip Code
Orlando FL 32809

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

Name of Employer Occupation
n/a homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: C-1331-00k608

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Walter N. Meloon

Mailing Address 6109 Matchett Road

City State Zip Code
Orlando FL 32809

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

Name of Employer Occupation
Southeast Correct Craft, Inc. boat builder

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: C-1332-00k708

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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: PAGE 28 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
Harriet Melvin

Mailing Address 1681 Hunting Creek Drive

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation
Quinn Gillespie & Associates govt. relations

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
10 / 24 / 2007

Transaction ID: C-1333-021w01

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
George N. Meros

Mailing Address P. O. Box 10507

City State Zip Code
Tallahassee FL 32302

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

Name of Employer Occupation
GrayRobinson attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
10 / 11 / 2007

Transaction ID: C-1335-00A203

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
George Mikitarian

Mailing Address 3640 Fox Wood Drive

City State Zip Code
Titusville FL 32780

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

Name of Employer Occupation
Parrish Medical Center hospital administrator

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
12 / 13 / 2007

Transaction ID: C-1352-00Sh06

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Elizabeth Moody

Mailing Address 107 Sea Island Circle

City State Zip Code
Daytona Beach FL 32114

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

Name of Employer n/a Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 7

Transaction ID: C-1380-00vA07

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Curtis L. Myers

Mailing Address 31 Forrest Avenue

City State Zip Code
Cocoa FL 32922

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

Name of Employer State Farm Insurance Company Occupation insurance agent

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: C-1438-01YT02

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jacqueline N. Ossin

Mailing Address 3323 Pelham Road

City State Zip Code
Orlando FL 32803

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

Name of Employer Jacqueline Ossin, P.A. Occupation realtor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 1 / 2 0 0 7

Transaction ID: C-1534-021i01

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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 30 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Robert P. Pasquale

Mailing Address 892 Kensington Gardens Court

City Oviedo State FL Zip Code 32765

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

Name of Employer SunBelt Business Brokerage Occupation broker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 12 / 19 / 2007
Transaction ID: C-1559-011a0F
 Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Janice Pound

Mailing Address 2608 Hemlock Court

City Titusville State FL Zip Code 32780

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

Name of Employer n/a Occupation homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 12 / 13 / 2007
Transaction ID: C-1625-01aK05
 Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jenny L. Pruett

Mailing Address 57 Country Club Road

City Cocoa Beach State FL Zip Code 32931

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

Name of Employer Intercoastal Pool & Spa Occupation pool designer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2007
Transaction ID: C-1662-022X01
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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 31 / 108

(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
Helen R. Rhee

Mailing Address 153 11th Stret, N.E.

City State Zip Code
Washington DC 20002

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

Name of Employer Amgen Occupation govt. affairs

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: C-1712-021901

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Gary G. Runyan

Mailing Address 3960 S. Banana River Blvd.

City State Zip Code
Cocoa Beach FL 32931

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

Name of Employer Gary Runyan, CPA, P.A. Occupation accountant

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: C-1777-01HQ03

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Paul P. Sanford

Mailing Address 2973 Riverside Avenue

City State Zip Code
Jacksonville FL 32205

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

Name of Employer Paul P. Sanford & Asso., P.A. Occupation attorney

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C-1801-008Z02

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1000.00

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 32 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Brett A. Shogren

Mailing Address 4234 42nd Street, N.W.

City Washington State DC Zip Code 20016

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

Name of Employer The Washington Group Occupation vice-president

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 06 / 2007
Transaction ID: C-1851-022F01
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Leroy D. Solid

Mailing Address 765 River Oaks Lane

City Merritt Island State FL Zip Code 32953

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

Name of Employer n/a Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 12 / 14 / 2007
Transaction ID: C-1899-00yh07
 Amount of Each Receipt this Period 150.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Delores M. O'Hara Spearman

Mailing Address 51 Ridge Court

City Rockledge State FL Zip Code 32955

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

Name of Employer n/a Occupation homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 19 / 2007
Transaction ID: C-1907-000a02
 Amount of Each Receipt this Period 1000.00

food & beverage

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1650.00**

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 33 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Guy M. Spearman
Mailing Address 516 Delannoy Avenue
City State Zip Code
Cocoa FL 32922
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Spearman Management lobbyist
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7
Transaction ID: C-1908-00020A
Amount of Each Receipt this Period
2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Michael M. Storey
Mailing Address P. O. Box 541709
City State Zip Code
Merritt Island FL 32954
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Fidelity Bank of Florida chief executive officer
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7
Transaction ID: C-1939-00oN03
Amount of Each Receipt this Period
2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jim Swann
Mailing Address P. O. Box 3767
City State Zip Code
Cocoa FL 32924
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
self-employed developer
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7
Transaction ID: C-1956-002G04
Amount of Each Receipt this Period
250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 4850.00
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 34 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Frank M. Terraferma
Mailing Address P. O. Box 853
City Tallahassee State FL Zip Code 32302
FEC ID number of contributing federal political committee. **C**
Name of Employer Republican Party of Florida Occupation political operations
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 10 / 11 / 2007
Transaction ID: C-1977-01Gv02
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jason L. Unger
Mailing Address 2805 St. Leonard Drive
City Tallahassee State FL Zip Code 32312
FEC ID number of contributing federal political committee. **C**
Name of Employer GrayRobinson Occupation attorney
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 10 / 11 / 2007
Transaction ID: C-2021-00A005
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Walter P. Unger
Mailing Address 575 Park Avenue
City New York State NY Zip Code 10021
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 12 / 14 / 2007
Transaction ID: C-2022-023o01
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1750.00
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 35 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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 Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Emilia J. Vacenovsky

Mailing Address 1729 N.E. 2nd Street, #2

City Ocala State FL Zip Code 34470

FEC ID number of contributing federal political committee. C

Name of Employer n/a Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: C-2036-00QV08

Amount of Each Receipt this Period 50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
James D. Vargo

Mailing Address 6306 Deacon Circle

City Windermere State FL Zip Code 34786

FEC ID number of contributing federal political committee. C

Name of Employer Daniels Manufacturing Corp. Occupation accountant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Transaction ID: C-2044-003U04

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 3614 S. Belcher Drive

City Tampa State FL Zip Code 33629

FEC ID number of contributing federal political committee. C

Name of Employer n/a Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: C-2108-01EE0D

Amount of Each Receipt this Period 50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 600.00

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 36 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Mortimer S. Weis

Mailing Address 392 Remington Drive

City State Zip Code
Oviedo FL 32765

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

Name of Employer n/a Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Transaction ID: C-2114-01gt02

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Richard C. White

Mailing Address 5035 Macomb Street, N.W.

City State Zip Code
Washington DC 20016

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

Name of Employer Alpine Group Occupation govt. relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: C-2130-01VT03

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Wiley Rein, LLP

Mailing Address 1776 K Street, N.W.

City State Zip Code
Washington DC 20006

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

Name of Employer n/a Occupation partnership

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: C-2140-01UK04

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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 37 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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 Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Daniel Wolfe

Mailing Address 659 Plantation Drive

City Titusville State FL Zip Code 32780

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

Name of Employer Power Solutions Occupation c.e.o.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt 11 / 19 / 2007
Transaction ID: C-2172-01o105
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Daniel Wolfe

Mailing Address 659 Plantation Drive

City Titusville State FL Zip Code 32780

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

Name of Employer Power Solutions Occupation c.e.o.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt 12 / 14 / 2007
Transaction ID: C-2173-01o106
 Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
George E. Woodruff

Mailing Address 61 E. Broad Street

City Titusville State FL Zip Code 32796

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

Name of Employer Geo Systems, Inc. Occupation owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2007
Transaction ID: C-2186-01KX07
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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 38 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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 Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Robert J. Zuleeg

Mailing Address 1455 Lake Berge Road

City State Zip Code
Orlando FL 32825

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

Name of Employer n/a Occupation retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
100.00

Transaction ID: C-2208-00HT0D

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

400.00

B. Full Name (Last, First, Middle Initial)
Robert J. Zuleeg

Mailing Address 1455 Lake Berge Road

City State Zip Code
Orlando FL 32825

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

Name of Employer n/a Occupation retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
100.00

Transaction ID: C-2209-00HT0E

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

400.00

SUBTOTAL of Receipts This Page (optional) ► **200.00**

TOTAL This Period (last page this line number only) ► **51307.87**

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

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

FOR LINE NUMBER: PAGE 39 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Advanta Corp. Pol. Involvement Fund

Mailing Address P. O. Box 15555

City State Zip Code
Wilmington DE 19850

FEC ID number of contributing federal political committee. **C** C00279604

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 3 / 2 0 0 7

Transaction ID: C-19-01Hx06

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Bankers Assoc. PAC

Mailing Address 1120 Connecticut Avenue, N.W.

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 1 / 2 0 0 7

Transaction ID: C-49-00SIOL

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 801 Pennsylvania Avenue, S.W., #65

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00040535

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 6 / 2 0 0 7

Transaction ID: C-53-01Gr07

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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 40 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
American Hospital Assoc. PAC
Mailing Address 325 7th Street, N.W.
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C** C00106146
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 11 / 14 / 2007
Transaction ID: C-56-017w05
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Resort Dev. Assoc. ROC PAC
Mailing Address 1220 L Street, N.W., #500
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00358663
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 12 / 05 / 2007
Transaction ID: C-59-009I06
Amount of Each Receipt this Period 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Boeing PAC
Mailing Address 1200 Wilson Boulevard
City Arlington State VA Zip Code 22209
FEC ID number of contributing federal political committee. **C** C00142711
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3500.00
Date of Receipt 10 / 09 / 2007
Transaction ID: C-206-018609
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 7000.00
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 41 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

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

Mailing Address 1601 Chestnut Street, TL06N

City Philadelphia State PA Zip Code 19192

FEC ID number of contributing federal political committee. **C** C00085316

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 12 / 19 / 2007
Transaction ID: C-298-009G07
 Amount of Each Receipt this Period 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Cantor for Congress

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

FEC ID number of contributing federal political committee. **C** C00355461

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 11 / 06 / 2007
Transaction ID: C-321-00ux04
 Amount of Each Receipt this Period 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
The Caterpillar Employee PAC

Mailing Address 100 N.E. Adams

City Peoria State IL Zip Code 61629

FEC ID number of contributing federal political committee. **C** C00148031

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 11 / 17 / 2007
Transaction ID: C-351-022M01
 Amount of Each Receipt this Period 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 6000.00

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 42 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Chicago Board Options Exchange PAC
Mailing Address 400 S. Lasalle Street
City Chicago State IL Zip Code 60605
FEC ID number of contributing federal political committee. **C** C00100693
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 11 / 19 / 2007
Transaction ID: C-365-01Y303
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Comcast Corporation PAC
Mailing Address 1500 Market Street
City Philadelphia State PA Zip Code 19102
FEC ID number of contributing federal political committee. **C** C00248716
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3500.00
Date of Receipt 12 / 21 / 2007
Transaction ID: C-401-01LI06
Amount of Each Receipt this Period 2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Conaway for Congress
Mailing Address P.O. Box 51272
City Midland State TX Zip Code 79710
FEC ID number of contributing federal political committee. **C** C00383828
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 11 / 06 / 2007
Transaction ID: C-408-022G01
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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: PAGE 43 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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 Feeny for Congress

A. Full Name (Last, First, Middle Initial)
Credit Suisse Securities USA PAC
Mailing Address 1201 F Street, N.W., #450
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C** C00111559
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt 11 / 14 / 2007
Transaction ID: C-436-01EK02
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
DCI PAC
Mailing Address 1828 L Street, N.W., #400
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00412395
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 3000.00
Date of Receipt 11 / 16 / 2007
Transaction ID: C-455-01h703
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Employees of Northrop Grumman PAC
Mailing Address 520 S. Grand Avenue, #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: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 5000.00
Date of Receipt 10 / 23 / 2007
Transaction ID: C-573-01370D
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00
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 44 / 108
(check only one)

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

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 Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Employees of Northrop Grumman PAC

Mailing Address 520 S. Grand Avenue, #700

City State Zip Code
Los Angeles CA 90071

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: C-574-01370E

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Ernst & Young PAC

Mailing Address 1225 Connecticut Avenue, N.W.

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00227744

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: C-579-00p305

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
The Financial Services Roundtable PAC

Mailing Address 1991 Pennsylvania Ave., N.W., #500

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00193177

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 7

Transaction ID: C-648-017L08

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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 45 / 108
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Freedom and Security PAC

Mailing Address 1117 Atwood Court

City State Zip Code
Shakopee MN 55379

FEC ID number of contributing federal political committee. **C** C00437061

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 6 / 2 0 0 7

Transaction ID: C-701-023e01

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Friends of Dave Weldon

Mailing Address P. O. Box 968

City State Zip Code
Melbourne FL 32902

FEC ID number of contributing federal political committee. **C** C00294280

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: C-707-00sF02

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Friends of Jeb Hensarling

Mailing Address P.O. Box 820504

City State Zip Code
Dallas TX 75382

FEC ID number of contributing federal political committee. **C** C00370650

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: C-708-021t01

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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 46 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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 Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Friends of Jeb Hensarling
Mailing Address P.O. Box 820504
City Dallas State TX Zip Code 75382
FEC ID number of contributing federal political committee. **C** C00370650
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00
Date of Receipt 10 / 29 / 2007
Transaction ID: C-709-021102
Amount of Each Receipt this Period 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Friends of Phil Gramm PAC
Mailing Address P. O. Box 601329
City Dallas State TX Zip Code 75360
FEC ID number of contributing federal political committee. **C** C00253971
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00
Date of Receipt 12 / 14 / 2007
Transaction ID: C-712-001x0A
Amount of Each Receipt this Period 3000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Friends of Sam Johnson
Mailing Address P.O. Box 860096
City Plano State TX Zip Code 75086
FEC ID number of contributing federal political committee. **C** C00250720
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 11 / 26 / 2007
Transaction ID: C-713-022d01
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 6000.00
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 47 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Investment Company Institute PAC
Mailing Address 1401 H Street, N.W., #1200

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 7

Transaction ID: C-992-01R60A

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Liberty Mutual Insurance Co. PAC
Mailing Address 175 Berkeley Street

City State Zip Code
Boston MA 02116

FEC ID number of contributing federal political committee. **C** C00171843

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: C-1184-006q03

Amount of Each Receipt this Period
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mass. Mutual Life Ins. Co. PAC
Mailing Address 1295 State Street

City State Zip Code
Springfield MA 01111

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: C-1275-011y07

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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: PAGE 48 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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 Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Mastercard International Employees PAC
Mailing Address 2000 Purchase Street
City Purchase State NY Zip Code 10577
FEC ID number of contributing federal political committee. **C** C00410274
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 12 / 22 / 2007
Transaction ID: C-1277-01Wo05
Amount of Each Receipt this Period 3000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Merrill Lynch & Co., Inc. PAC
Mailing Address 1455 Pennsylvania Avenue, N.W., #9
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C** C00040550
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 10 / 01 / 2007
Transaction ID: C-1338-01BW03
Amount of Each Receipt this Period 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
More Conservatives PAC
Mailing Address 675 N. Washington Street, #410
City Alexandria State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C** C00426882
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 11 / 06 / 2007
Transaction ID: C-1396-022J01
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 6000.00
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 49 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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 Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Morgan Stanley PAC
Mailing Address 1585 Broadway, 39th Floor
City New York State NY Zip Code 10036
FEC ID number of contributing federal political committee. **C** C00337626
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt: MM / DD / YYYY 10 / 01 / 2007
Transaction ID: C-1404-01CB03
Amount of Each Receipt this Period 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Morgan Stanley PAC
Mailing Address 1585 Broadway, 39th Floor
City New York State NY Zip Code 10036
FEC ID number of contributing federal political committee. **C** C00337626
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt: MM / DD / YYYY 11 / 14 / 2007
Transaction ID: C-1405-01CB04
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
NRA Political Victory Fund
Mailing Address 11250 Waples Mill Road
City Fairfax State VA Zip Code 22030
FEC ID number of contributing federal political committee. **C** C00053553
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00
Date of Receipt: MM / DD / YYYY 12 / 13 / 2007
Transaction ID: C-1447-002W0E
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 4000.00
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 50 / 108

(check only one)

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

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 Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
Natl. Asso. of Mortgage Brokers PAC

Mailing Address 5185 MacArthur Blvd., N.W., #250

City State Zip Code
Washington DC 20016

FEC ID number of contributing federal political committee. **C** C00254201

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: C-1459-00IQ04

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Natl. Cable & Telecommunications PAC

Mailing Address 1724 Massachussetts Avenue, N.W.

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: C-1468-00zr06

Amount of Each Receipt this Period

5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Natl. Federation of Ind. Business PAC

Mailing Address 1201 F. Street, N.W., #200

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: C-1472-00m50A

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

6500.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
National Pawnbrokers Association PAC

Mailing Address P.O. Box 1040

City State Zip Code
Roanoke TX 76262

FEC ID number of contributing federal political committee. **C** C00307397

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 7

Transaction ID: C-1473-022801

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
News America Holdings, Inc. Fox PAC

Mailing Address 444 Capital Street, #740

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00330019

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 7

Transaction ID: C-1498-01BG04

Amount of Each Receipt this Period

1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Oppenheimer Funds, Inc. PAC

Mailing Address 1295 State Street

City State Zip Code
Springfield MA 01111

FEC ID number of contributing federal political committee. **C** C00367920

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: C-1529-01VX04

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

3000.00

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
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FOR LINE NUMBER: PAGE 52 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
The Palmetto Freedom PAC

Mailing Address P.O. Box 1995

City Lexington State SC Zip Code 29071

FEC ID number of contributing federal political committee. **C** C00404616

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 12 / 28 / 2007
Transaction ID: C-1548-023f01
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Philips Electronics North America PAC

Mailing Address 1300 Eye Street, N.W, #1070-East

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00239780

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 10 / 24 / 2007
Transaction ID: C-1597-021x01
 Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1900 K Street, N.W.

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 11 / 06 / 2007
Transaction ID: C-1642-00oW0C
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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 53 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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 Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Progress Energy Employees PAC
Mailing Address P. O. Box 1510
City Raleigh State NC Zip Code 27602
FEC ID number of contributing federal political committee. **C** C00091884
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00
Date of Receipt: 10 / 01 / 2007
Transaction ID: C-1651-002A0C
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Property Casualty Insurers Asso. PAC
Mailing Address 2600 South River Road
City Des Plaines State IL Zip Code 60018
FEC ID number of contributing federal political committee. **C** C00066472
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 7500.00
Date of Receipt: 10 / 27 / 2007
Transaction ID: C-1657-01Ks0B
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Prosperity PAC
Mailing Address 1006 Pendleton Street
City Alexandria State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C** C00377689
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 11 / 14 / 2007
Transaction ID: C-1658-022O01
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3000.00
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
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FOR LINE NUMBER: PAGE 54 / 108

(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A.

Full Name (Last, First, Middle Initial)

RJR Political Action Committee

Mailing Address P. O. Box 718

City	State	Zip Code
Winston-Salem	NC	27102

FEC ID number of contributing federal political committee. **C** C00042002

Name of Employer Occupation

Receipt For: 2008	Election Cycle-to-Date ▼
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify) ▼	3500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 7

Transaction ID: C-1667-009F0H

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Real Estate Investment Trusts PAC

Mailing Address 1875 I Street, N.W., #600

City	State	Zip Code
Washington	DC	20006

FEC ID number of contributing federal political committee. **C** C00303339

Name of Employer Occupation

Receipt For: 2008	Election Cycle-to-Date ▼
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify) ▼	4500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: C-1691-01B908

Amount of Each Receipt this Period

2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Reinsurance Assn. of America PAC

Mailing Address 1301 Pennsylvania Ave., N.W., #900

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing federal political committee. **C** C00256453

Name of Employer Occupation

Receipt For: 2008	Election Cycle-to-Date ▼
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify) ▼	1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: C-1705-021j01

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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: PAGE 55 / 108

(check only one)

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

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 Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
Reinsurance Assn. of America PAC

Mailing Address 1301 Pennsylvania Ave., N.W., #900

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00256453

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 7

Transaction ID: C-1706-021j02

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Safari Club International PAC

Mailing Address 4800 W. Gates Pass Road

City State Zip Code
Tucson AZ 85745

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: C-1796-01Rx03

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Sonnenschein PAC

Mailing Address 8000 Sears Tower

City State Zip Code
Chicago IL 60606

FEC ID number of contributing federal political committee. **C** C00216127

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 7

Transaction ID: C-1901-01Fs07

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

2000.00

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 56 / 108

(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
Sprint Nextel PAC

Mailing Address 2001 Edmund Halley Drive

City State Zip Code
Reston VA 20191

FEC ID number of contributing federal political committee. **C** C00392852

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: C-1921-01PS03

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
TXU Corp. PAC

Mailing Address 1601 Bryan Street

City State Zip Code
Dallas TX 75201

FEC ID number of contributing federal political committee. **C** C00226548

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: C-1963-022C01

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
U.S. Chamber PAC

Mailing Address 1615 H Street, N.W.

City State Zip Code
Washington DC 20062

FEC ID number of contributing federal political committee. **C** C00082040

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 7

Transaction ID: C-2016-00Sg03

Amount of Each Receipt this Period

5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

7000.00

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 57 / 108
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

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

Mailing Address 1300 Connecticut Ave., N.W., #900

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00365122

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 11 / 06 / 2007
Transaction ID: C-2031-011502
Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Verizon Comm. Good Govt. Club

Mailing Address 1717 Arch Street, #47-S

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 10 / 30 / 2007
Transaction ID: C-2054-009O08
Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Voice for Freedom PAC

Mailing Address 2814 Spring Road, #103

City Atlanta State GA Zip Code 30339

FEC ID number of contributing federal political committee. **C** C00409805

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 12 / 05 / 2007
Transaction ID: C-2065-022h01
Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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 58 / 108

(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
Washington Group International PAC

Mailing Address 2345 Crystal Drive, #708

City State Zip Code
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00097550

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: C-2098-022301

Amount of Each Receipt this Period

1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Westmoreland for Congress

Mailing Address P.O. Box 458

City State Zip Code
Sharpsburg GA 30277

FEC ID number of contributing federal political committee. **C** C00387126

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 7

Transaction ID: C-2124-022901

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Wine and Spirits Wholesalers PAC

Mailing Address 805 15th Street, N.W., #430

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: C-2164-01Lz07

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

3000.00

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 59 / 108
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
Zurich Holding Co. of America Comm.

Mailing Address 1201 F Street, N.W., #250

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00235036

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 7

Transaction ID: C-2210-018A04

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	88000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4363.43

Date of Receipt 10 / 31 / 2007
Transaction ID: C-122-007119
 Amount of Each Receipt this Period 1142.93

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4363.43

Date of Receipt 11 / 30 / 2007
Transaction ID: C-123-00711A
 Amount of Each Receipt this Period 1252.51

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4363.43

Date of Receipt 12 / 31 / 2007
Transaction ID: C-124-00711B
 Amount of Each Receipt this Period 1299.58

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	3695.02
TOTAL This Period (last page this line number only)	3695.02

**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)

<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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: D22-000B1O
	Mailing Address P. O. Box 78522	Date of Disbursement 10 / 08 / 2007
	City Phoenix State AZ Zip Code 85062	Amount of Each Disbursement this Period 491.60
	Purpose of Disbursement telephone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: D24-000B1Q
	Mailing Address P. O. Box 78522	Date of Disbursement 11 / 08 / 2007
	City Phoenix State AZ Zip Code 85062	Amount of Each Disbursement this Period 501.72
	Purpose of Disbursement telephone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: D25-000B1R
	Mailing Address P. O. Box 78522	Date of Disbursement 12 / 06 / 2007
	City Phoenix State AZ Zip Code 85062	Amount of Each Disbursement this Period 565.80
	Purpose of Disbursement telephone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1559.12
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) Axxa Document Solutions Mailing Address 4673 Oak Fair Blvd. City Tampa State FL Zip Code 33610 Purpose of Disbursement equipment maintenance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D53-00EB14 Date of Disbursement 11 / 29 / 2007 Amount of Each Disbursement this Period 156.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address 131 C Street, S.E. City Washington State DC Zip Code 20003 Purpose of Disbursement see memo entry Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D58-01pR02 Date of Disbursement 12 / 13 / 2007 Amount of Each Disbursement this Period 143.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Sprint Mailing Address P. O. Box 4181 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D1-00gK1D Date of Disbursement 12 / 10 / 2007 Amount of Each Disbursement this Period 143.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item

SUBTOTAL of Disbursements This Page (optional) ▶	300.12
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

<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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) Bank of Tampa Mailing Address P. O. Box 1 City Tampa State FL Zip Code 33601 Purpose of Disbursement payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D76-00711D Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 119.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Bank of Tampa Mailing Address P. O. Box 1 City Tampa State FL Zip Code 33601 Purpose of Disbursement payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D78-00711F Date of Disbursement 10 / 18 / 2007 Amount of Each Disbursement this Period 119.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Bank of Tampa Mailing Address P. O. Box 1 City Tampa State FL Zip Code 33601 Purpose of Disbursement payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D79-00711G Date of Disbursement 11 / 15 / 2007 Amount of Each Disbursement this Period 238.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

477.52

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

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

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

FOR LINE NUMBER: (check only one)

<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 Feeney for Congress

A. Full Name (Last, First, Middle Initial) Bank of Tampa Mailing Address P. O. Box 1 City Tampa State FL Zip Code 33601 Purpose of Disbursement service charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D80-00711H Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7
	Amount of Each Disbursement this Period 1.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type

B. Full Name (Last, First, Middle Initial) Bank of Tampa Mailing Address P. O. Box 1 City Tampa State FL Zip Code 33601 Purpose of Disbursement payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D81-00711J Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 7
	Amount of Each Disbursement this Period 119.38
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type

C. Full Name (Last, First, Middle Initial) Bank of Tampa Mailing Address P. O. Box 1 City Tampa State FL Zip Code 33601 Purpose of Disbursement payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D82-00711K Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 7
	Amount of Each Disbursement this Period 119.38
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	239.76
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

<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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) Bank of Tampa	Transaction ID: D83-00711L Date of Disbursement 12 / 28 / 2007
	Mailing Address P. O. Box 1	Amount of Each Disbursement this Period 119.38
	City Tampa State FL Zip Code 33601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll taxes Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bellwether Consulting Group	Transaction ID: D106-01rB0F Date of Disbursement 10 / 01 / 2007
	Mailing Address P.O. Box 1253	Amount of Each Disbursement this Period 2000.00
	City Oakland State FL Zip Code 34760	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement fundraising consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bellwether Consulting Group	Transaction ID: D107-01rB0G Date of Disbursement 10 / 19 / 2007
	Mailing Address P.O. Box 1253	Amount of Each Disbursement this Period 8712.84
	City Oakland State FL Zip Code 34760	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement fundraising consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	10832.22
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
Bellwether Consulting Group

Transaction ID: D108-01rB0H
Date of Disbursement

Mailing Address P.O. Box 1253

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	7

City State Zip Code
Oakland FL 34760

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
fundraising consulting
Candidate Name

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Bellwether Consulting Group

Transaction ID: D109-01rB0I
Date of Disbursement

Mailing Address P.O. Box 1253

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	2		2	0	0	7

City State Zip Code
Oakland FL 34760

Amount of Each Disbursement this Period

163.18

Purpose of Disbursement
food & beverage
Candidate Name

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Bellwether Consulting Group

Transaction ID: D110-01rB0J
Date of Disbursement

Mailing Address P.O. Box 1253

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	0	7

City State Zip Code
Oakland FL 34760

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
fundraising consulting
Candidate Name

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

4163.18

TOTAL This Period (last page this line number only)

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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)

<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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 1st Street, S.E. <hr/> City Washington State DC Zip Code 20002 Purpose of Disbursement meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D151-016r0v Date of Disbursement 10 / 12 / 2007 <hr/> Amount of Each Disbursement this Period 174.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 1st Street, S.E. <hr/> City Washington State DC Zip Code 20002 Purpose of Disbursement meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D152-016r0w Date of Disbursement 11 / 12 / 2007 <hr/> Amount of Each Disbursement this Period 147.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 1st Street, S.E. <hr/> City Washington State DC Zip Code 20002 Purpose of Disbursement membership dues Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D154-016r0y Date of Disbursement 12 / 13 / 2007 <hr/> Amount of Each Disbursement this Period 375.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

697.28

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 1st Street, S.E. <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D155-016rOz Date of Disbursement 12 / 20 / 2007 <hr/> Amount of Each Disbursement this Period 99.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) ChristMas Printing, Inc. <hr/> Mailing Address P. O. Box 604 <hr/> City Christmas State FL Zip Code 32709 <hr/> Purpose of Disbursement printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D184-01QT0q Date of Disbursement 10 / 17 / 2007 <hr/> Amount of Each Disbursement this Period 327.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) ChristMas Printing, Inc. <hr/> Mailing Address P. O. Box 604 <hr/> City Christmas State FL Zip Code 32709 <hr/> Purpose of Disbursement printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D185-01QT0r Date of Disbursement 12 / 06 / 2007 <hr/> Amount of Each Disbursement this Period 1231.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1659.17

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
ChristMas Printing, Inc.

Mailing Address P. O. Box 604

City State Zip Code
Christmas FL 32709

Purpose of Disbursement
printing
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D186-01QT0s
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	0	7

Amount of Each Disbursement this Period

336.83

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Lisa Clapper

Mailing Address 2091 Mary Ellen Lane

City State Zip Code
State College PA 16803

Purpose of Disbursement
facility rental
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D199-01sM02
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	7

Amount of Each Disbursement this Period

650.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
The Donatelli Group

Mailing Address 118 N. St. Asaph Street

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
online fundraising
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D243-00Dy10
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	0	7

Amount of Each Disbursement this Period

929.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

1916.33

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

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**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)

<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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) The Donatelli Group	Transaction ID: D244-00Dy11 Date of Disbursement 11 / 05 / 2007
	Mailing Address 118 N. St. Asaph Street	Amount of Each Disbursement this Period 63.00
	City Alexandria State VA Zip Code 22314	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement online fundraising Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) The Donatelli Group	Transaction ID: D245-00Dy12 Date of Disbursement 12 / 05 / 2007
	Mailing Address 118 N. St. Asaph Street	Amount of Each Disbursement this Period 193.00
	City Alexandria State VA Zip Code 22314	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement online fundraising Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mallory Factor	Transaction ID: D259-023I01 Date of Disbursement 12 / 11 / 2007
	Mailing Address 134 Meeting Street	Amount of Each Disbursement this Period 2300.00
	City Charleston State SC Zip Code 29401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement * In-Kind->catering Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2556.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: D282-01p90J Date of Disbursement 11 / 02 / 2007
	Mailing Address P.O. Box 94515	Amount of Each Disbursement this Period 10.10
	City Palatine State IL Zip Code 60094	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement delivery Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: D283-01p90K Date of Disbursement 11 / 02 / 2007
	Mailing Address P.O. Box 94515	Amount of Each Disbursement this Period 20.01
	City Palatine State IL Zip Code 60094	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement delivery Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: D284-01p90L Date of Disbursement 12 / 06 / 2007
	Mailing Address P.O. Box 94515	Amount of Each Disbursement this Period 14.88
	City Palatine State IL Zip Code 60094	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement delivery Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	44.99
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: D285-01p90M Date of Disbursement 12 / 28 / 2007
	Mailing Address P.O. Box 94515	Amount of Each Disbursement this Period 17.92
	City Palatine State IL Zip Code 60094	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement delivery Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: D286-01p90N Date of Disbursement 12 / 28 / 2007
	Mailing Address P.O. Box 94515	Amount of Each Disbursement this Period 14.88
	City Palatine State IL Zip Code 60094	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement delivery Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: D287-01p90O Date of Disbursement 12 / 28 / 2007
	Mailing Address P.O. Box 94515	Amount of Each Disbursement this Period 15.33
	City Palatine State IL Zip Code 60094	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement delivery Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	48.13
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

<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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) GR Seppala & Associates, LLC	Transaction ID: D314-01gh03
	Mailing Address 1161 Wayzata Blvd., E., #210	Date of Disbursement 10 / 02 / 2007
	City Wayzata State MN Zip Code 55391	Amount of Each Disbursement this Period 1284.80
	Purpose of Disbursement travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) GrayRobinson, P.A.	Transaction ID: D341-01s003
	Mailing Address P.O. Box 11189	Date of Disbursement 11 / 01 / 2007
	City Tallahassee State FL Zip Code 32302	Amount of Each Disbursement this Period 39.25
	Purpose of Disbursement legal services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Bridget Gregory, Inc.	Transaction ID: D342-022A01
	Mailing Address 3745 Four Oaks Blvd.	Date of Disbursement 11 / 20 / 2007
	City Tallahassee State FL Zip Code 32311	Amount of Each Disbursement this Period 1395.00
	Purpose of Disbursement fundraising consulting	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	2719.05
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

<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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) HSBC Bank Nevada, N.A.	Transaction ID: D343-022B01 Date of Disbursement 11 / 20 / 2007
	Mailing Address 8020 Corporate Drive	Amount of Each Disbursement this Period 1952.55
	City Baltimore State MD Zip Code 21236	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement see memo entry Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit Card Item
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Rasika	Transaction ID: D1-020F02 Date of Disbursement 11 / 13 / 2007
	Mailing Address 633 D Street, N.W.	Amount of Each Disbursement this Period 1952.55
	City Washington State DC Zip Code 20004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement catering Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit Card Item
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Carissa J. Lawhun	Transaction ID: D399-016Y19 Date of Disbursement 10 / 15 / 2007
	Mailing Address 1950 Wrenfield Lane	Amount of Each Disbursement this Period 418.87
	City Oviedo State FL Zip Code 32765	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement salary Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit Card Item
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	2371.42
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 Page

FOR LINE NUMBER: (check only one)

<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 Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
Carissa J. Lawhun

Transaction ID: D400-016Y1A
Date of Disbursement

Mailing Address 1950 Wrenfield Lane

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	7	

City Oviedo State FL Zip Code 32765

Amount of Each Disbursement this Period

418.87

Purpose of Disbursement salary
Candidate Name

Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Carissa J. Lawhun

Transaction ID: D401-016Y1B
Date of Disbursement

Mailing Address 1950 Wrenfield Lane

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	7	

City Oviedo State FL Zip Code 32765

Amount of Each Disbursement this Period

418.87

Purpose of Disbursement salary
Candidate Name

Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Carissa J. Lawhun

Transaction ID: D402-016Y1C
Date of Disbursement

Mailing Address 1950 Wrenfield Lane

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	7	

City Oviedo State FL Zip Code 32765

Amount of Each Disbursement this Period

418.87

Purpose of Disbursement salary
Candidate Name

Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1256.61

TOTAL This Period (last page this line number only)

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**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)

<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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) Carissa J. Lawhun	Transaction ID: D403-016Y1D Date of Disbursement 12 / 14 / 2007
	Mailing Address 1950 Wrenfield Lane	Amount of Each Disbursement this Period 418.87
	City Oviedo State FL Zip Code 32765	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement salary Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Carissa J. Lawhun	Transaction ID: D404-016Y1E Date of Disbursement 12 / 28 / 2007
	Mailing Address 1950 Wrenfield Lane	Amount of Each Disbursement this Period 418.87
	City Oviedo State FL Zip Code 32765	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement salary Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Robert M. Levy	Transaction ID: D405-000G01 Date of Disbursement 10 / 08 / 2007
	Mailing Address 7809 N.E. 69th Street, #1703	Amount of Each Disbursement this Period 407.87
	City Miami State FL Zip Code 33138	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement * In-Kind->food & beverage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1245.61
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

<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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) Nelson & Company, Inc.	Transaction ID: D430-021e01 Date of Disbursement																			
	Mailing Address P.O. Box 62078	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	5		2	0	0	7												
	City Oviedo State FL Zip Code 32762	Amount of Each Disbursement this Period																			
	Purpose of Disbursement office rent	<table border="1"><tr><td>811.25</td></tr></table>	811.25																		
811.25																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type																			
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

B.	Full Name (Last, First, Middle Initial) Nelson & Company, Inc.	Transaction ID: D431-021e02 Date of Disbursement																			
	Mailing Address P.O. Box 62078	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	1		2	0	0	7												
	City Oviedo State FL Zip Code 32762	Amount of Each Disbursement this Period																			
	Purpose of Disbursement office rent	<table border="1"><tr><td>436.25</td></tr></table>	436.25																		
436.25																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type																			
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

C.	Full Name (Last, First, Middle Initial) News Corporation	Transaction ID: D436-025Z01 Date of Disbursement																			
	Mailing Address 444 N. Capitol St., N.W., #740	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	3		2	0	0	7												
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period																			
	Purpose of Disbursement event tickets	<table border="1"><tr><td>232.00</td></tr></table>	232.00																		
232.00																					
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type																			
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>1479.50</td></tr></table>	1479.50
1479.50		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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)

<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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) The Richard Norman Company Mailing Address 44084 Riverside Parkway, #350 City Lansdowne State VA Zip Code 20176 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D439-01xx02 Date of Disbursement 10 / 19 / 2007 Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Petty Cash Mailing Address 1420 Alafaya Trail, #103 City Oviedo State FL Zip Code 32765 Purpose of Disbursement petty cash-no item. req. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D477-00Ew0h Date of Disbursement 11 / 12 / 2007 Amount of Each Disbursement this Period 227.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Petty Cash Mailing Address 1420 Alafaya Trail, #103 City Oviedo State FL Zip Code 32765 Purpose of Disbursement petty cash-no item. req. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D478-00Ew0i Date of Disbursement 12 / 20 / 2007 Amount of Each Disbursement this Period 253.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	4481.27
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Feeney for Congress

<p>A. Full Name (Last, First, Middle Initial) Progress Energy</p> <p>Mailing Address 299 1st Avenue, N.</p> <p>City St. Petersburg State FL Zip Code 33701</p> <p>Purpose of Disbursement utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D481-021r01</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Progress Energy</p> <p>Mailing Address 299 1st Avenue, N.</p> <p>City St. Petersburg State FL Zip Code 33701</p> <p>Purpose of Disbursement utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D482-021r02</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="35.71"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Progress Energy</p> <p>Mailing Address 299 1st Avenue, N.</p> <p>City St. Petersburg State FL Zip Code 33701</p> <p>Purpose of Disbursement utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D483-021r03</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="64.80"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

300.51

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Feeney for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Public Storage</p> <p>Mailing Address 1400 Alafaya Trail</p> <p>City Oviedo State FL Zip Code 32765</p> <p>Purpose of Disbursement storage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D495-011E0I</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 178.69</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Public Storage</p> <p>Mailing Address 1400 Alafaya Trail</p> <p>City Oviedo State FL Zip Code 32765</p> <p>Purpose of Disbursement storage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D496-011E0J</p> <p>Date of Disbursement 11 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 178.69</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Public Storage</p> <p>Mailing Address 1400 Alafaya Trail</p> <p>City Oviedo State FL Zip Code 32765</p> <p>Purpose of Disbursement storage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D497-011E0K</p> <p>Date of Disbursement 12 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 178.69</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

536.07

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Ronald Reagan Rep. Assembly of C. Florida

Mailing Address P.O. Box 915911

City Longwood State FL Zip Code 32791

Purpose of Disbursement
dinner tickets
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D522-01r602
Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

180.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Delores M. O'Hara Spearman

Mailing Address 51 Ridge Court

City Rockledge State FL Zip Code 32955

Purpose of Disbursement
* In-Kind->food & beverage
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D555-000a01
Date of Disbursement

11 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

Mailing Address P. O. Box 4181

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
telephone
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D566-00gK1A
Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

201.43

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1381.43

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
Sprint

Transaction ID: D567-00gK1B
Date of Disbursement

Mailing Address P. O. Box 4181

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	7	7

City Carol Stream State IL Zip Code 60197

Amount of Each Disbursement this Period

204.10

Purpose of Disbursement telephone

--

Candidate Name

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Sprint

Transaction ID: D568-00gK1C
Date of Disbursement

Mailing Address P. O. Box 4181

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	7	7

City Carol Stream State IL Zip Code 60197

Amount of Each Disbursement this Period

200.84

Purpose of Disbursement telephone

--

Candidate Name

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Terraferma Consulting Group, LLC

Transaction ID: D602-022201
Date of Disbursement

Mailing Address P.O. Box 853

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	7	7

City Tallahassee State FL Zip Code 32302

Amount of Each Disbursement this Period

584.72

Purpose of Disbursement printing/delivery

--

Candidate Name

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

989.66

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

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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)

<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 Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
Terraferma Consulting Group, LLC

Transaction ID: D603-022202

Mailing Address P.O. Box 853

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	0	7

City Tallahassee State FL Zip Code 32302

Amount of Each Disbursement this Period

20492.55

Purpose of Disbursement
direct mail services
Candidate Name

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Titusville Chamber of Commerce

Transaction ID: D605-00r806

Mailing Address 2000 S. Washington Avenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	7

City Titusville State FL Zip Code 32760

Amount of Each Disbursement this Period

125.00

Purpose of Disbursement
membership dues
Candidate Name

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
U.S. Postal Service

Transaction ID: D650-000S39

Mailing Address 83 Geneva Drive

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	0	7

City Oviedo State FL Zip Code 32765

Amount of Each Disbursement this Period

56.00

Purpose of Disbursement
p.o. box rental
Candidate Name

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

20673.55

TOTAL This Period (last page this line number only)

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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)

<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 Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
U.S. Postal Service

Transaction ID: D651-000S3A
Date of Disbursement

Mailing Address 83 Geneva Drive

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	0		2	0	7	

City Oviedo State FL Zip Code 32765

Amount of Each Disbursement this Period

495.69

Purpose of Disbursement
postage

--

Candidate Name

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
U.S. Postal Service

Transaction ID: D652-000S3B
Date of Disbursement

Mailing Address 83 Geneva Drive

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	2		2	0	7	

City Oviedo State FL Zip Code 32765

Amount of Each Disbursement this Period

400.00

Purpose of Disbursement
postage

--

Candidate Name

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
U.S. Postal Service

Transaction ID: D653-000S3C
Date of Disbursement

Mailing Address 83 Geneva Drive

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	2		2	0	7	

City Oviedo State FL Zip Code 32765

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement
postage

--

Candidate Name

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1045.69

TOTAL This Period (last page this line number only)

--

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

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

FOR LINE NUMBER:
(check only one)

<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 Feeney for Congress

A. Full Name (Last, First, Middle Initial) U.S. Postal Service <hr/> Mailing Address 83 Geneva Drive <hr/> City Oviedo State FL Zip Code 32765 <hr/> Purpose of Disbursement postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D654-000S3D Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 7
	Amount of Each Disbursement this Period 2000.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type

B. Full Name (Last, First, Middle Initial) United Parcel Service <hr/> Mailing Address P. O. Box 7247-0244 <hr/> City Philadelphia State PA Zip Code 19170 <hr/> Purpose of Disbursement delivery Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D701-00j30y Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 7
	Amount of Each Disbursement this Period 31.60
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type

C. Full Name (Last, First, Middle Initial) United Parcel Service <hr/> Mailing Address P. O. Box 7247-0244 <hr/> City Philadelphia State PA Zip Code 19170 <hr/> Purpose of Disbursement delivery Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D702-00j30z Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 7
	Amount of Each Disbursement this Period 13.74
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2045.34
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

<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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) United Parcel Service <hr/> Mailing Address P. O. Box 7247-0244 <hr/> City Philadelphia State PA Zip Code 19170 Purpose of Disbursement delivery Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D703-00j310 Date of Disbursement 10 / 12 / 2007 <hr/> Amount of Each Disbursement this Period 47.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) United Parcel Service <hr/> Mailing Address P. O. Box 7247-0244 <hr/> City Philadelphia State PA Zip Code 19170 Purpose of Disbursement delivery Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D704-00j311 Date of Disbursement 10 / 19 / 2007 <hr/> Amount of Each Disbursement this Period 31.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) United Parcel Service <hr/> Mailing Address P. O. Box 7247-0244 <hr/> City Philadelphia State PA Zip Code 19170 Purpose of Disbursement delivery Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D705-00j312 Date of Disbursement 10 / 25 / 2007 <hr/> Amount of Each Disbursement this Period 37.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	116.47
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

<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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) United Parcel Service	Transaction ID: D706-00j313 Date of Disbursement 11 / 08 / 2007
	Mailing Address P. O. Box 7247-0244	Amount of Each Disbursement this Period 23.03
	City Philadelphia State PA Zip Code 19170	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement delivery Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) United Parcel Service	Transaction ID: D707-00j314 Date of Disbursement 11 / 20 / 2007
	Mailing Address P. O. Box 7247-0244	Amount of Each Disbursement this Period 13.68
	City Philadelphia State PA Zip Code 19170	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement delivery Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) United Parcel Service	Transaction ID: D708-00j315 Date of Disbursement 11 / 29 / 2007
	Mailing Address P. O. Box 7247-0244	Amount of Each Disbursement this Period 37.51
	City Philadelphia State PA Zip Code 19170	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement delivery Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	74.22
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

<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 Feeney for Congress

A. Full Name (Last, First, Middle Initial) United Parcel Service Mailing Address P. O. Box 7247-0244 City Philadelphia State PA Zip Code 19170 Purpose of Disbursement delivery Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D709-00j316 Date of Disbursement 12 / 13 / 2007 Amount of Each Disbursement this Period 13.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type	Category/Type

B. Full Name (Last, First, Middle Initial) United Parcel Service Mailing Address P. O. Box 7247-0244 City Philadelphia State PA Zip Code 19170 Purpose of Disbursement delivery Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D710-00j317 Date of Disbursement 12 / 13 / 2007 Amount of Each Disbursement this Period 23.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type	Category/Type

C. Full Name (Last, First, Middle Initial) United Parcel Service Mailing Address P. O. Box 7247-0244 City Philadelphia State PA Zip Code 19170 Purpose of Disbursement delivery Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D711-00j318 Date of Disbursement 12 / 20 / 2007 Amount of Each Disbursement this Period 13.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	51.52
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

<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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D739-01Nm15 Date of Disbursement 10 / 12 / 2007
	Mailing Address P. O. Box 660108	Amount of Each Disbursement this Period 138.61
	City Dallas State TX Zip Code 75266	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement telephone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D740-01Nm16 Date of Disbursement 11 / 08 / 2007
	Mailing Address P. O. Box 660108	Amount of Each Disbursement this Period 142.63
	City Dallas State TX Zip Code 75266	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement telephone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D741-01Nm17 Date of Disbursement 12 / 06 / 2007
	Mailing Address P. O. Box 660108	Amount of Each Disbursement this Period 143.81
	City Dallas State TX Zip Code 75266	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement telephone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	425.05
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P. O. Box 30131

City Tampa State FL Zip Code 33630

Purpose of Disbursement
see memo entries

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D759-00Dj1E
Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

307.04

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Hue Restaurant

Mailing Address 629 E. Central Blvd.

City Orlando State FL Zip Code 32801

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D1-01od02
Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

267.38

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Credit Card Item

C.

Full Name (Last, First, Middle Initial)
Staples

Mailing Address P. O. Box 9020

City Des Moines State IA Zip Code 50368

Purpose of Disbursement
office supplies

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D2-002n0r
Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

39.66

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Credit Card Item

SUBTOTAL of Disbursements This Page (optional) ▶

307.04

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

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

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

FOR LINE NUMBER:
(check only one)

<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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D760-00Dj1F Date of Disbursement 11 / 12 / 2007
	Mailing Address P. O. Box 30131	Amount of Each Disbursement this Period 383.80
	City Tampa State FL Zip Code 33630	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement see memo entry Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) USAirways	Transaction ID: D1-00Uc0g Date of Disbursement 10 / 02 / 2007
	Mailing Address 7 Parkway Center	Amount of Each Disbursement this Period 383.80
	City Pittsburgh State PA Zip Code 15220	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement transportation Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Credit Card Item

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D761-00Dj1G Date of Disbursement 11 / 12 / 2007
	Mailing Address P. O. Box 30131	Amount of Each Disbursement this Period 280.68
	City Tampa State FL Zip Code 33630	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement see memo entries Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	664.48
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

<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 Feeney for Congress

<p>A. Full Name (Last, First, Middle Initial) Clyde's and Costello</p> <p>Mailing Address 210 S. Adams Street</p> <p>City Tallahassee State FL Zip Code 32301</p> <p>Purpose of Disbursement meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D1-01QS02</p> <p>Date of Disbursement 10 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 219.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Credit Card Item</p>
<p>B. Full Name (Last, First, Middle Initial) Froggers Bar and Grill</p> <p>Mailing Address 27 Alafaya Woods Blvd.</p> <p>City Oviedo State FL Zip Code 32765</p> <p>Purpose of Disbursement meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D3-00FD01</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 30.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Credit Card Item</p>
<p>C. Full Name (Last, First, Middle Initial) Visa</p> <p>Mailing Address P. O. Box 30131</p> <p>City Tampa State FL Zip Code 33630</p> <p>Purpose of Disbursement see memo entries</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D762-00Dj1H</p> <p>Date of Disbursement 11 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 880.53</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	880.53
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) Palm Tree Computer Systems	Transaction ID: D1-021z01 Date of Disbursement 10 / 01 / 2007
	Mailing Address 119 N. Central Avenue	Amount of Each Disbursement this Period 245.94
	City Oviedo State FL Zip Code 32765	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement tech support	[MEMO ITEM] Credit Card Item
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Publix	Transaction ID: D2-01QO0C Date of Disbursement 11 / 12 / 2007
	Mailing Address P.O. Box 407	Amount of Each Disbursement this Period 12.82
	City Lakeland State FL Zip Code 33802	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement office supplies-9/19/07	[MEMO ITEM] Credit Card Item
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: D3-000S36 Date of Disbursement 11 / 12 / 2007
	Mailing Address 83 Geneva Drive	Amount of Each Disbursement this Period 615.82
	City Oviedo State FL Zip Code 32765	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement postage	[MEMO ITEM] Credit Card Item
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P. O. Box 30131

City Tampa State FL Zip Code 33630

Purpose of Disbursement
see memo entries

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D763-00Dj11
Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

1344.34

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Doubletree Hotel

Mailing Address 101 South Adams Street

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement
lodging

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D5-01Yw03
Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

244.19

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Credit Card Item

C.

Full Name (Last, First, Middle Initial)
Governor's Club

Mailing Address 202 S. Adams Street

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D7-022001
Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

221.54

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Credit Card Item

SUBTOTAL of Disbursements This Page (optional)

1344.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

<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 Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
Oviedo Florist

Mailing Address 1419 W. Broadway

City Oviedo State FL Zip Code 32765

Purpose of Disbursement
flowers

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D9-01Gi0L

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

58.75

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Credit Card Item

B.

Full Name (Last, First, Middle Initial)
Publix

Mailing Address P.O. Box 407

City Lakeland State FL Zip Code 33802

Purpose of Disbursement
food & beverage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D10-01QO0D

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

30.03

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Credit Card Item

C.

Full Name (Last, First, Middle Initial)
Sonoma Restaurant

Mailing Address 223 Pennsylvania Ave., S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D11-01ph04

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

37.90

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Credit Card Item

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

<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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) USAirways	Transaction ID: D12-00Uc0h Date of Disbursement 10 / 02 / 2007
	Mailing Address 7 Parkway Center	Amount of Each Disbursement this Period 563.80
	City Pittsburgh State PA Zip Code 15220	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement transportation Candidate Name	<input type="checkbox"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit Card Item
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D764-00Dj1J Date of Disbursement 11 / 29 / 2007
	Mailing Address P. O. Box 30131	Amount of Each Disbursement this Period 1051.36
	City Tampa State FL Zip Code 33630	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement see memo entries Candidate Name	<input type="checkbox"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Charlie Palmer Steak House	Transaction ID: D6-01Q109 Date of Disbursement 10 / 29 / 2007
	Mailing Address 101 Constitution Ave., N.W.	Amount of Each Disbursement this Period 18.00
	City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement beverages Candidate Name	<input type="checkbox"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit Card Item
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	1051.36
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

<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 Feeney for Congress

A. Full Name (Last, First, Middle Initial) Congressional Liquors & Deli Mailing Address 404 1st Street, S.E. City Washington State DC Zip Code 20003 Purpose of Disbursement beverages-fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7-01GQ0q Date of Disbursement 10 / 29 / 2007 Amount of Each Disbursement this Period 115.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item
	Category/Type

B. Full Name (Last, First, Middle Initial) Merry Maids Mailing Address 6000 Stevenson Avenue, #H City Alexandria State VA Zip Code 22304 Purpose of Disbursement cleaning services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D12-01pm02 Date of Disbursement 10 / 24 / 2007 Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item
	Category/Type

C. Full Name (Last, First, Middle Initial) Publix Mailing Address P.O. Box 407 City Lakeland State FL Zip Code 33802 Purpose of Disbursement food & beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D15-01QO0E Date of Disbursement 10 / 19 / 2007 Amount of Each Disbursement this Period 55.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
Rosen Shingle Creek Hotel

Mailing Address 9939 Universal Blvd.

City Orlando State FL Zip Code 32819

Purpose of Disbursement
travel

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D16-022b02
Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

222.76

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Credit Card Item

B.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P. O. Box 30131

City Tampa State FL Zip Code 33630

Purpose of Disbursement
see memo entries

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D765-00Dj1K
Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

1850.94

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Capitol Hill Club

Mailing Address 300 1st Street, S.E.

City Washington State DC Zip Code 20002

Purpose of Disbursement
catering

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D1-016r0x
Date of Disbursement

11 / 15 / 2007

Amount of Each Disbursement this Period

639.57

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Credit Card Item

SUBTOTAL of Disbursements This Page (optional)

1850.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
Fairfield Inn & Suites

Mailing Address 2215 N. Atherton Street

City State Zip Code
State College PA 16803

Purpose of Disbursement
travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D2-022c01
Date of Disbursement

10 / 28 / 2007

Amount of Each Disbursement this Period

865.84

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
Credit Card Item

B.

Full Name (Last, First, Middle Initial)
Rosen Shingle Creek Hotel

Mailing Address 9939 Universal Blvd.

City State Zip Code
Orlando FL 32819

Purpose of Disbursement
travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D3-022b01
Date of Disbursement

10 / 24 / 2007

Amount of Each Disbursement this Period

308.73

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
Credit Card Item

C.

Full Name (Last, First, Middle Initial)
Sonoma Restaurant

Mailing Address 223 Pennsylvania Ave., S.E.

City State Zip Code
Washington DC 20003

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D4-01ph05
Date of Disbursement

11 / 13 / 2007

Amount of Each Disbursement this Period

36.80

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
Credit Card Item

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P. O. Box 30131

City Tampa State FL Zip Code 33630

Purpose of Disbursement
see memo entries

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D766-00Dj1L
Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

207.45

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address 83 Geneva Drive

City Oviedo State FL Zip Code 32765

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D2-000S38
Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

164.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Credit Card Item

C.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address P. O. Box 30131

City Tampa State FL Zip Code 33630

Purpose of Disbursement
see memo entries

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D767-00Dj1M
Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

201.72

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

409.17

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: D3-002n0v Date of Disbursement 11 / 01 / 2007
	Mailing Address P. O. Box 9020	Amount of Each Disbursement this Period 32.06
	City Des Moines State IA Zip Code 50368	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement office supplies Candidate Name	<input type="checkbox"/> [MEMO ITEM] Credit Card Item
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: D4-000S37 Date of Disbursement 11 / 16 / 2007
	Mailing Address 83 Geneva Drive	Amount of Each Disbursement this Period 124.00
	City Oviedo State FL Zip Code 32765	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement postage Candidate Name	<input type="checkbox"/> [MEMO ITEM] Credit Card Item
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D768-00Dj1N Date of Disbursement 12 / 28 / 2007
	Mailing Address P. O. Box 30131	Amount of Each Disbursement this Period 603.27
	City Tampa State FL Zip Code 33630	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement see memo entries Candidate Name	<input type="checkbox"/> [MEMO ITEM] Credit Card Item
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	603.27
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) Johnny's Half Shell Mailing Address 400 N. Capitol Street, N.W. City Washington State DC Zip Code 20001 Purpose of Disbursement meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5-020203 Date of Disbursement 12 / 04 / 2007 Amount of Each Disbursement this Period 73.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item
B.	Full Name (Last, First, Middle Initial) Sprint Mailing Address P. O. Box 4181 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D9-00gK1F Date of Disbursement 12 / 04 / 2007 Amount of Each Disbursement this Period 290.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item
C.	Full Name (Last, First, Middle Initial) Visa Mailing Address P. O. Box 30131 City Tampa State FL Zip Code 33630 Purpose of Disbursement see memo entries Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D769-00Dj1O Date of Disbursement 12 / 28 / 2007 Amount of Each Disbursement this Period 250.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	250.60
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

<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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D770-00Dj1P Date of Disbursement 12 / 28 / 2007
	Mailing Address P. O. Box 30131	Amount of Each Disbursement this Period 1317.70
	City Tampa State FL Zip Code 33630	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement see memo entries	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: D1-01Om09 Date of Disbursement 12 / 06 / 2007
	Mailing Address 60 Massachusetts Ave., N.E.	Amount of Each Disbursement this Period 271.00
	City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement transportation	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Credit Card Item
	State: District:	

C.	Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: D2-01Om0A Date of Disbursement 12 / 06 / 2007
	Mailing Address 60 Massachusetts Ave., N.E.	Amount of Each Disbursement this Period 146.00
	City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement transportation	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Credit Card Item
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	1317.70
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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 Feeney for Congress

A. Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 1st Street, S.E. City Washington State DC Zip Code 20002 Purpose of Disbursement meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D4-016r10 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7
	Amount of Each Disbursement this Period 12.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item

B. Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 1st Street, S.E. City Washington State DC Zip Code 20002 Purpose of Disbursement gifts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D5-016r11 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 7
	Amount of Each Disbursement this Period 99.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item

C. Full Name (Last, First, Middle Initial) Murray Hill East Suites Mailing Address 149 E. 39th Street City New York State NY Zip Code 10016 Purpose of Disbursement travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D7-025h01 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 7
	Amount of Each Disbursement this Period 346.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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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 Feeney for Congress

A.	Full Name (Last, First, Middle Initial) Murray Hill East Suites	Transaction ID: D8-025h02 Date of Disbursement 12 / 11 / 2007
	Mailing Address 149 E. 39th Street	Amount of Each Disbursement this Period 346.49
	City New York State NY Zip Code 10016	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement travel	[MEMO ITEM] Credit Card Item
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Robert Watkins & Company	Transaction ID: D792-002s1D Date of Disbursement 10 / 01 / 2007
	Mailing Address 610 S. Boulevard	Amount of Each Disbursement this Period 2000.00
	City Tampa State FL Zip Code 33606	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement accounting services	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Robert Watkins & Company	Transaction ID: D793-002s1E Date of Disbursement 11 / 01 / 2007
	Mailing Address 610 S. Boulevard	Amount of Each Disbursement this Period 2000.00
	City Tampa State FL Zip Code 33606	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement accounting services	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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 Feeney for Congress

A.

Full Name (Last, First, Middle Initial)
Robert Watkins & Company

Transaction ID: D794-002s1F
Date of Disbursement

Mailing Address 610 S. Boulevard

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	0		2	0	0	7

City Tampa State FL Zip Code 33606

Amount of Each Disbursement this Period

123.54

Purpose of Disbursement
postage/delivery

--

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Robert Watkins & Company

Transaction ID: D795-002s1G
Date of Disbursement

Mailing Address 610 S. Boulevard

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	7

City Tampa State FL Zip Code 33606

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
accounting services

--

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2123.54

TOTAL This Period (last page this line number only)

80489.76

**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)

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<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A.	Full Name (Last, First, Middle Initial) Foundation Academy Mailing Address 125 E. Plant Street City Winter Garden State FL Zip Code 34787 Purpose of Disbursement contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D303-021801 Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) New Hope for Kids Foundation Mailing Address 205 E. State Road 436 City Fern Park State FL Zip Code 32730 Purpose of Disbursement contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D434-021u01 Date of Disbursement 10 / 30 / 2007 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Volusia 100 Club Mailing Address 1340 N. Atlantic Avenue City New Smyrna Beach State FL Zip Code 32169 Purpose of Disbursement contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D771-022j01 Date of Disbursement 12 / 20 / 2007 Amount of Each Disbursement this Period 173.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	923.00
TOTAL This Period (last page this line number only) ▶	923.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 108 / 108	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Tom Feeny for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor GR Seppala & Associates, LLC			Nature of Debt (Purpose): travel
Mailing Address 1161 Wayzata Blvd., E., #210			
City Wayzata	State MN	ZIP Code 55391	

Outstanding Balance Beginning This Period		Transaction ID: 23	
1284.80			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	1284.80	0.00	

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	0.00