

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 type="checkbox"/> 17	<input checked="" 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)
Friends of Tom Rooney

A. Full Name (Last, First, Middle Initial)
TOM ROONEY FOR CONGRESS

Mailing Address 2336 S. East Ocean Blvd. #313

City State Zip Code
Stuart FL 34996

Purpose of Disbursement
Distribution of net proceeds

Candidate Name

008
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: FL District: 16

Transaction ID: SB18.4506
Date of Disbursement

10 / 25 / 2008

Amount of Each Disbursement this Period

4000.00

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

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

Mailing Address 2336 S. East Ocean Blvd. #313

City State Zip Code
Stuart FL 34996

Purpose of Disbursement
Distribution of net proceeds

Candidate Name

008
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: FL District: 16

Transaction ID: SB18.4509
Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

581.00

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

SUBTOTAL of Disbursements This Page (optional)

4581.00

TOTAL This Period (last page this line number only)

4581.00