

# 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

Brian Rooney for Congress

ADDRESS (number and street) 1737 Spring Arbor Rd.  
#230  
 Check if different than previously reported. (ACC)  
Jackson MI 49203

2. **FEC IDENTIFICATION NUMBER** C00469973  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
MI 07

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 08 03 2010 in the State of MI

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

General (30G)  Runoff (30R)  Special (30S)

Election on in the State of

5. Covering Period 07 01 2010 through 07 14 2010

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 Jean E. Kordenbrock

Signature of Treasurer Electronically Filed by Jean E. Kordenbrock Date 07 14 2010

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

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Brian Rooney for Congress

Report Covering the Period:

From:

To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	4850.00	420616.96
(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)).....	4850.00	420616.96
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	111966.95	390655.56
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2433.38
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	111966.95	388222.18
8. Cash on Hand at Close of Reporting Period (from Line 27).....	311999.25	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	279604.47	

**For further information contact:**

Federal Election Commission  
 999 E Street, NW  
 Washington, DC 20463  
 Toll Free 800-424-9530  
 Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Brian Rooney for Congress

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	7

D	D
1	4

Y	Y	Y	Y
2	0	1	0

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	3500.00	357567.24
(i) Itemized (use Schedule A).....	1350.00	36213.11
(ii) Unitemized.....	4850.00	393780.35
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	0.00	26836.61
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	4850.00	420616.96
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	279604.47
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	279604.47
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	0.00	2433.38
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	4850.00	702654.81

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	111966.95	390655.56
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.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	111966.95	390655.56

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	419116.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	4850.00
25. SUBTOTAL (add Line 23 and Line 24).....	423966.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	111966.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	311999.25

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

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

FOR LINE NUMBER: PAGE 5 / 26  
(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)  
Brian Rooney for Congress

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

Mailing Address 300 Willow St.

City State Zip Code  
Southport CT 06890

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Investment Advisor Investment Advisor

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2010

**Transaction ID:** SA11AI.6597

Amount of Each Receipt this Period  
1500.00

Direct Contribution

**B.** Full Name (Last, First, Middle Initial)  
DECLARATION ALLIANCE PAC

Mailing Address 2400 EARLSGATE CT

City State Zip Code  
RESTON VA 20191

FEC ID number of contributing federal political committee. C C00414888

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 03 / 2010

**Transaction ID:** SA11AI.6590

Amount of Each Receipt this Period  
250.00

Direct Contribution

**C.** Full Name (Last, First, Middle Initial)  
Paul Humiston

Mailing Address 285 Lakeshore Dr.

City State Zip Code  
Battle Creek MI 49105

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2010

**Transaction ID:** SA11AI.6604

Amount of Each Receipt this Period  
250.00

Direct Contribution

**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 6 / 26

(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)  
Brian Rooney for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Anne Hunt

Mailing Address 712 Country Club Dr.

City State Zip Code  
Battle Creek MI 49105

FEC ID number of contributing federal political committee. C

Name of Employer Housewife Occupation Housewife

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 07 / 14 / 2010

**Transaction ID:** SA11AI.6579

Amount of Each Receipt this Period 250.00

Direct Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Anne Hunt

Mailing Address 712 Country Club Dr.

City State Zip Code  
Battle Creek MI 49105

FEC ID number of contributing federal political committee. C

Name of Employer Housewife Occupation Housewife

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 14 / 2010

**Transaction ID:** SA11AI.6603

Amount of Each Receipt this Period 250.00

Direct Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Shirley McFee

Mailing Address 611 Jennings Landing

City State Zip Code  
Battle Creek MI 49015

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 07 / 14 / 2010

**Transaction ID:** SA11AI.6601

Amount of Each Receipt this Period 250.00

Direct Contribution

**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 7 / 26  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Brian Rooney for Congress

**A.**

Full Name (Last, First, Middle Initial) Patricia Miller		Date of Receipt MM / DD / YYYY 07 / 13 / 2010
Mailing Address 101 Jennings Rd.		<b>Transaction ID:</b> SA11AI.6586
City Battle Creek	State MI	Zip Code 49015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	Direct Contribution
Receipt For: 2010 <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) Anthony Soave		Date of Receipt MM / DD / YYYY 07 / 06 / 2010
Mailing Address 3400 E. Lafayette		<b>Transaction ID:</b> SA11AI.6592
City Detroit	State MI	Zip Code 48207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Soave Enterprises	Occupation CEO	Direct Contribution
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	3500.00

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
Brian Rooney for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Battle Creek Country Club <hr/> Mailing Address 318 Country Club Dr. <hr/> City State Zip Code Battle Creek MI 49015 <hr/> Purpose of Disbursement Food/Room Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6626 Date of Disbursement 07 / 14 / 2010 <hr/> Amount of Each Disbursement this Period 887.80
<b>B.</b>	Full Name (Last, First, Middle Initial) Campaign Grid <hr/> Mailing Address 223 Summit Ave. <hr/> City State Zip Code Ft. Washington MI 19034 <hr/> Purpose of Disbursement Online Advertising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6609 Date of Disbursement 07 / 14 / 2010 <hr/> Amount of Each Disbursement this Period 10000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Melanie Case <hr/> Mailing Address 315 W. Genesee <hr/> City State Zip Code Lansing MI 48933 <hr/> Purpose of Disbursement Administrative Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6549 Date of Disbursement 07 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00

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

11887.80

**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)  
Brian Rooney for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Combat Data <hr/> Mailing Address 2199 Longwoods Dr. <hr/> City DeWitt State MI Zip Code 48820 <hr/> Purpose of Disbursement Lists Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6540 Date of Disbursement 07 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Category/Type 001
<b>B.</b>	Full Name (Last, First, Middle Initial) Dept of Treasury-I.R.S. <hr/> Mailing Address P.O. Box 804522 <hr/> City Cincinatti State OH Zip Code 45280 <hr/> Purpose of Disbursement Tax Payment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6647 Date of Disbursement 07 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 815.00 <hr/> Category/Type 001
<b>C.</b>	Full Name (Last, First, Middle Initial) ElectionMall.com <hr/> Mailing Address 1101 Pennsylvania Ave.NW 6th Floor <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Email Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6560 Date of Disbursement 07 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 125.00 <hr/> Category/Type 004

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1940.00
<b>TOTAL</b> 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)  
Brian Rooney for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Lindsay Esson  Mailing Address 3850 E. Coleman  City East Lansing State MI Zip Code 48823  Purpose of Disbursement Administrative Services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6552 Date of Disbursement 07 / 01 / 2010  Amount of Each Disbursement this Period 1000.00  Category/Type 001
<b>B.</b>	Full Name (Last, First, Middle Initial) Impact Media  Mailing Address 23715 Nilan Dr.  City Novi State MI Zip Code 48375  Purpose of Disbursement Printing Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6556 Date of Disbursement 07 / 06 / 2010  Amount of Each Disbursement this Period 26343.96  Category/Type 004
<b>C.</b>	Full Name (Last, First, Middle Initial) Jackson PackNShip  Mailing Address 1737 Spring Arbor Rd.  City Jackson State MI Zip Code 49203  Purpose of Disbursement Mailing Supplies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6554 Date of Disbursement 07 / 06 / 2010  Amount of Each Disbursement this Period 9.25  Category/Type 001

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

27353.21

**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)  
Brian Rooney for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Dane Kabcenell  Mailing Address 619 E. University Apt. 704  City Ann Arbor State MI Zip Code 48104  Purpose of Disbursement Administrative Services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.6548 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 1 0  Amount of Each Disbursement this Period 1000.00  Category/Type 001
<b>B.</b>	Full Name (Last, First, Middle Initial) Kordenbrock & Associates, P.C.  Mailing Address 215 S. Washington Sq. Suite C  City Lansing State MI Zip Code 48933  Purpose of Disbursement Campaign Finance Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.6544 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 1 0  Amount of Each Disbursement this Period 2682.18  Category/Type 001
<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Marzano  Mailing Address 2587 Mulligan Dr.  City Jackson State MI Zip Code 49203  Purpose of Disbursement Yard Sign Posts Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.6561 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 1 0  Amount of Each Disbursement this Period 1218.51  Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4900.69
<b>TOTAL</b> This Period (last page this line number only) .....	

C. Form/Schedule : **SB17**

Vendors aggregating over \$200 listed below.

Transaction ID : **SB17.6561**

# 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)  
Brian Rooney for Congress

A.	Full Name (Last, First, Middle Initial) Home Depot	Transaction ID: SB17.6561.0 Date of Disbursement 07 / 12 / 2010
	Mailing Address 1400 N. Wisner Rd.	Amount of Each Disbursement this Period 1218.51
	City Jackson State MI Zip Code 49202	
	Purpose of Disbursement Yard Sign Posts	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Michael Marzano	Transaction ID: SB17.6649 Date of Disbursement 07 / 12 / 2010
	Mailing Address 2587 Mulligan Dr.	Amount of Each Disbursement this Period 334.74
	City Jackson State MI Zip Code 49203	
	Purpose of Disbursement Candy/Parade Supplies	Category/Type 001
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Walmart	Transaction ID: SB17.6649.0 Date of Disbursement 07 / 02 / 2010
	Mailing Address Walmart	Amount of Each Disbursement this Period 334.74
	City Jackson State MI Zip Code 49202	
	Purpose of Disbursement Candy/Parade Supplies	Category/Type 001
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	334.74
<b>TOTAL</b> This Period (last page this line number only) .....	

B. Form/Schedule : **SB17**

Vendors aggregating over \$200 listed below.

Transaction ID : **SB17.6649**

# 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)  
Brian Rooney for Congress

A.

Full Name (Last, First, Middle Initial)  
Michael Marzano

Mailing Address 2587 Mulligan Dr.

City Jackson State MI Zip Code 49203

Purpose of Disbursement Office Supplies  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17.6651  
Date of Disbursement

07 / 12 / 2010

Amount of Each Disbursement this Period

310.89

B.

Full Name (Last, First, Middle Initial)  
Office Depot

Mailing Address 1510 N. West Ave.

City Jackson State MI Zip Code 49202

Purpose of Disbursement Tripod/Push Pins/Clipboards  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17.6651.0  
Date of Disbursement

07 / 02 / 2010

Amount of Each Disbursement this Period

304.64

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Richard Pewe

Mailing Address 58 Hillsdale St.

City Hillsdale State MI Zip Code 49242

Purpose of Disbursement Campaign Services  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB17.6553  
Date of Disbursement

07 / 01 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1310.89

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

A. Form/Schedule : **SB17**

Vendors aggregating over \$200 listed below.

Transaction ID : **SB17.6651**



### 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)  
Brian Rooney for Congress

A.	Full Name (Last, First, Middle Initial) Richard Pewe  Mailing Address 58 Hillsdale St.  City Hillsdale State MI Zip Code 49242  Purpose of Disbursement Reimbursement Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6563 Date of Disbursement 07 / 12 / 2010  Amount of Each Disbursement this Period 64.19  Category/Type 002
B.	Full Name (Last, First, Middle Initial) Revolvis  Mailing Address 7185 Navajo Rd., Ste. P  City San Diego State CA Zip Code 92119  Purpose of Disbursement Political Strategy Consultant Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6555 Date of Disbursement 07 / 06 / 2010  Amount of Each Disbursement this Period 2500.00  Category/Type 001
C.	Full Name (Last, First, Middle Initial) Tony Sicillani  Mailing Address 3003 O Street  City Sacramento State CA Zip Code 95816  Purpose of Disbursement Printing Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6543 Date of Disbursement 07 / 01 / 2010  Amount of Each Disbursement this Period 7459.76  Category/Type 004

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

10023.95

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)  
Brian Rooney for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Tony Sicillani <hr/> Mailing Address 3003 O Street <hr/> City Sacramento State CA Zip Code 95816 <hr/> Purpose of Disbursement Mailing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> State: District:	<b>Transaction ID:</b> SB17.6559 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 1 0 <hr/> <b>Amount of Each Disbursement this Period</b> 4339.75
<b>B.</b>	Full Name (Last, First, Middle Initial) Tony Sicillani <hr/> Mailing Address 3003 O Street <hr/> City Sacramento State CA Zip Code 95816 <hr/> Purpose of Disbursement Mailing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> State: District:	<b>Transaction ID:</b> SB17.6557 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 1 0 <hr/> <b>Amount of Each Disbursement this Period</b> 10385.99
<b>C.</b>	Full Name (Last, First, Middle Initial) Eddie Sleeper <hr/> Mailing Address 103 Fountain St., N <hr/> City Marshall State MI Zip Code 49068 <hr/> Purpose of Disbursement Administrative Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> State: District:	<b>Transaction ID:</b> SB17.6551 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 1 0 <hr/> <b>Amount of Each Disbursement this Period</b> 500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15225.74
<b>TOTAL</b> 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)  
Brian Rooney for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Eddie Sleeper  Mailing Address 103 Fountain St., N  City Marshall State MI Zip Code 49068  Purpose of Disbursement Food, Gasoline reimbursement Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.6565 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 1 0  <b>Amount of Each Disbursement this Period</b> 127.24
<b>B.</b>	Full Name (Last, First, Middle Initial) Sterling Corporation  Mailing Address 112 E. Allegan St. Suite 700  City Lansing State MI Zip Code 48933  Purpose of Disbursement Political Strategy Consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.6558 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 1 0  <b>Amount of Each Disbursement this Period</b> 5000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Strategic Media Services, Inc.  Mailing Address 3299 K Street NW Suite 200  City Washington State DC Zip Code 20007  Purpose of Disbursement Advertising Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.6611 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 1 0  <b>Amount of Each Disbursement this Period</b> 25931.00

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

**31058.24**

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

A. Form/Schedule : **SB17**

Vendors aggregating over \$200 listed below.

Transaction ID : **SB17.6565**

**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)  
Brian Rooney for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) The Simmons Group, LLC  Mailing Address 2232 S. Main St. #230  City Ann Arbor State MI Zip Code 48103  Purpose of Disbursement Fundraising Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.6542 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 1 0	Amount of Each Disbursement this Period 5000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Rick Viczorek  Mailing Address 401 Hermitage Dr.  City Tecumseh State MI Zip Code 49286  Purpose of Disbursement Administrative Services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.6545 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 1 0	Amount of Each Disbursement this Period 1500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Rick Viczorek  Mailing Address 401 Hermitage Dr.  City Tecumseh State MI Zip Code 49286  Purpose of Disbursement Phones Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB17.6547 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 1 0	Amount of Each Disbursement this Period 100.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>6600.00</b>
<b>TOTAL</b> 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)  
Brian Rooney for Congress

A.

Full Name (Last, First, Middle Initial)  
Washtenaw County GOP

Mailing Address 3035 Boardwalk, #290

City Ann Arbor State MI Zip Code 48108

Purpose of Disbursement  
Advertising

Candidate Name

004  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.6541  
Date of Disbursement

07 / 01 / 2010

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)  
Edward Yap

Mailing Address P.O. Box 25

City Notre Dame State IN Zip Code 46556

Purpose of Disbursement  
Administrative Services

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.6550  
Date of Disbursement

07 / 01 / 2010

Amount of Each Disbursement this Period

1000.00

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

1300.00

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

111935.26

**SCHEDULE C (FEC Form 3)**

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

FOR LINE NUMBER:  
(check only one)  13a  
 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Brian Rooney for Congress

Transaction ID: SC/10.4513

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
BRIAN JOHN ROONEY - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 8000 WALSH RD

City DEXTER State MI ZIP Code 48130

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

**TERMS**

Date Incurred: M M 10 D D 31 Y Y Y Y 2009 Date Due: 11/20/2010 Interest Rate: 0.0000 % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	15000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

## LOANS

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

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FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)  
Brian Rooney for Congress

**Transaction ID: SC/10.4514**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
BRIAN JOHN ROONEY - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 8000 WALSH RD

City DEXTER State MI ZIP Code 48130

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000.00	0.00	75000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>1</td><td>2</td></tr> </table> <table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>3</td><td>0</td></tr> </table> <table style="font-size: small;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table>	M	M	1	2	D	D	3	0	Y	Y	Y	Y	2	0	0	9	11/20/2009	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																		
1	2																		
D	D																		
3	0																		
Y	Y	Y	Y																
2	0	0	9																

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="75000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	



# SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER: (check only one)  13a  13b

## LOANS

NAME OF COMMITTEE (In Full)  
Brian Rooney for Congress

Transaction ID: SC/10.5567

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
BRIAN JOHN ROONEY - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 8000 WALSH RD

City DEXTER State MI ZIP Code 48130

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	0.00	150000.00

### TERMS

Date Incurred:       11/31/2010

Interest Rate:  % (apr)

Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="150000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**

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

**LOANS**

NAME OF COMMITTEE (In Full)  
 Brian Rooney for Congress

**Transaction ID: SC/10.6348**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) BRIAN JOHN ROONEY - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8000 WALSH RD	
City DEXTER State MI ZIP Code 48130	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
39604.47	0.00	39604.47

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 28 Y Y Y Y 2010	11/25/2010	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	39604.47
<b>TOTALS</b> This Period (last page in this line only) .....	279604.47

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.