

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

Tom Rooney for Congress

ADDRESS (number and street) 2336 S. East Ocean Blvd. #313

Check if different than previously reported. (ACC)

Stuart FL 34996 -

2. **FEC IDENTIFICATION NUMBER** ▼ C C00432906

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

CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT

FL 16

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

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

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y in the State of

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

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

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y

07 / 01 / 2011 through 09 / 30 / 2011

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 Sara Misselhorn

Signature of Treasurer Sara Misselhorn

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 14 / 2011

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

Office Use Only									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Tom Rooney for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2011 To: M M / D D / Y Y Y Y 09 / 30 / 2011

	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))....	74524.00	337400.25
(b) Total Contribution Refunds (from Line 20(d))	0.00	300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	74524.00	337100.25
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	46825.61	211438.64
(b) Total Offsets to Operating Expenditures (from Line 14).....	60.00	350.68
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	46765.61	211087.96
8. Cash on Hand at Close of Reporting Period (from Line 27).....	589882.33	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Tom Rooney for Congress

Report Covering the Period: From: / / To: / /

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).....	31350.00	171050.00
(ii) Unitemized.....	7174.00	11634.00
(iii) TOTAL of contributions from individuals ▶	38524.00	182684.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	36000.00	154716.25
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	74524.00	337400.25
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.)	60.00	350.68
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	156.34	637.02
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	74740.34	338387.95

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	46825.61	211438.64
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	300.00
(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	300.00
21. OTHER DISBURSEMENTS	35100.00	42100.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	81925.61	253838.64

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	597067.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	74740.34
25. SUBTOTAL (add Line 23 and Line 24).....	671807.94
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	81925.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	589882.33

**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 5 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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 Rooney for Congress

A. Full Name (Last, First, Middle Initial)
Paul Bodnar

Mailing Address 18510 SE Lakeside Dr

City Tequesta State FL Zip Code 33469-8119

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

Name of Employer PVB Consulting Occupation Consultant

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2011

Transaction ID : 10801.C7065

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Paul Bodnar

Mailing Address 18510 SE Lakeside Dr

City Tequesta State FL Zip Code 33469-8119

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

Name of Employer PVB Consulting Occupation Consultant

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2011

Transaction ID : 10822.C7069

Amount of Each Receipt this Period
100.00

Receipt

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

Mailing Address 18510 SE Lakeside Dr

City Tequesta State FL Zip Code 33469-8119

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

Name of Employer PVB Consulting Occupation Consultant

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2011

Transaction ID : 10927.C7079

Amount of Each Receipt this Period
100.00

Receipt

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 6 OF 43
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

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

Mailing Address 9433 State Road 80

City Moore Haven State FL Zip Code 33471-5795

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

Name of Employer US Sugar Corporation Occupation Executive

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : 11007.C7242

Amount of Each Receipt this Period
 Receipt 2500.00

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

Mailing Address 1940 SW Crane Creek Ave

City Palm City State FL Zip Code 34990-2218

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

Name of Employer Stuart/Martin Chamber Occupation CEO

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2011

Transaction ID : 10927.C7225

Amount of Each Receipt this Period
 Receipt 250.00

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

Mailing Address 17212 Gulf Pine Cir

City Wellington State FL Zip Code 33414-6360

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

Name of Employer US Sugar Corporation Occupation Senior VP Public Affairs

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : 11007.C7255

Amount of Each Receipt this Period
 Receipt 1000.00

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

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

3750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

A. Full Name (Last, First, Middle Initial)
Ernest Cox

Mailing Address 138 Santiago Dr

City State Zip Code
Jupiter FL 33458-2721

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

Name of Employer Occupation
Family Lands Remembered LLC Consultant

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : 10927.C7111

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 106 Via Verde Way

City State Zip Code
Palm Beach Gardens FL 33418-6205

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : 11007.C7249

Amount of Each Receipt this Period
1500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Hesperides Group, LLC

Mailing Address 2678 SE Willoughby Blvd

City State Zip Code
Stuart FL 34994-4700

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 22 / 2011

Transaction ID : 10927.C7185

Amount of Each Receipt this Period
300.00

Receipt

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

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

2300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

A. Full Name (Last, First, Middle Initial)
Theodore R. Doran

Mailing Address PO Box 1231

City State Zip Code
Daytona Beach FL 32115-1231

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

Name of Employer Occupation
Self-Employed Attorney

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2011

Transaction ID : 11014.C7285

Amount of Each Receipt this Period
300.00

Memo
[MEMO ITEM]
Partnership->Hesperides Group, LLC PARTNERSHIP

B. Full Name (Last, First, Middle Initial)
Bryan Hilliard

Mailing Address 5500 Flaghole Rd

City State Zip Code
Clewiston FL 33440-7771

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

Name of Employer Occupation
Hilliard Farms Executive

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : 11007.C7241

Amount of Each Receipt this Period
1250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Joe Hilliard

Mailing Address 5600 W US Highway 27

City State Zip Code
Clewiston FL 33440-7505

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

Name of Employer Occupation
US Sugar Corporation Executive

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : 11007.C7244

Amount of Each Receipt this Period
1250.00

Receipt

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

A. Full Name (Last, First, Middle Initial)
Joe Hilliard

Mailing Address 5500 Flaghole Rd

City State Zip Code
Clewiston FL 33440-7771

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

Name of Employer Occupation
Hilliard Bros. of Florida Partner

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 30 2011

Transaction ID : 11007.C7240

Amount of Each Receipt this Period
1250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Mary Hilliard-Carroll

Mailing Address 4520 W US Highway 27

City State Zip Code
Clewiston FL 33440-7797

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

Name of Employer Occupation
None Homemaker

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 30 2011

Transaction ID : 11007.C7245

Amount of Each Receipt this Period
1250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Hundley Holdings LLC

Mailing Address PO Box H

City State Zip Code
Loxahatchee FL 33470-0309

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 30 2011

Transaction ID : 11007.C7246

Amount of Each Receipt this Period
500.00

Receipt

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

A. Full Name (Last, First, Middle Initial)
Eric Hopkins

Mailing Address 2635 Sun Cove Ln

City West Palm Beach State FL Zip Code 33410-5210

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

Name of Employer Hundley Farms Occupation Vice President

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : 11007.C7257

Amount of Each Receipt this Period
500.00

Memo
[MEMO ITEM]
Partnership->Hundley Holdings LLC PARTNERSHIP

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

Mailing Address 683 Hermitage Cir

City Palm Beach Gardens State FL Zip Code 33410-1612

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2011

Transaction ID : 10927.C7142

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Joshua David Kellam

Mailing Address 9105 Ducale Way Apt 304

City Palm Beach Gardens State FL Zip Code 33418-8170

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : 11007.C7248

Amount of Each Receipt this Period
1500.00

Receipt

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

A. Full Name (Last, First, Middle Initial)
Sydney Kitson

Mailing Address 7232 Horizon Dr

City State Zip Code
West Palm Beach FL 33412-3027

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : 10927.C7109

Amount of Each Receipt this Period
1500.00

Receipt

B. Full Name (Last, First, Middle Initial)
KW Holdings of Florida, LLC

Mailing Address 477 S Rosemary Ave Ste 225

City State Zip Code
West Palm Beach FL 33401-5758

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 22 / 2011

Transaction ID : 10927.C7186

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Kenneth Tuma

Mailing Address 6641 140th Ln N

City State Zip Code
West Palm Beach FL 33418-7244

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

Name of Employer Occupation
Self-Employed Planner

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 22 / 2011

Transaction ID : 11010.C7282

Amount of Each Receipt this Period
250.00

Memo
[MEMO ITEM]
Partnership->KW Holdings of Florida, LLC
PARTNERSHIP

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

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

1750.00

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

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

FOR LINE NUMBER: (check only one)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 12 OF 43

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

A. Full Name (Last, First, Middle Initial)
Victoria McCullough

Mailing Address 1365 Santa Barbara Dr

City Wellington State FL Zip Code 33414-7220

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2011

Transaction ID : 11007.C7276

Amount of Each Receipt this Period
 Receipt 1000.00

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

Mailing Address 2370 NE Ocean Blvd Apt A306

City Stuart State FL Zip Code 34996-2953

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

Name of Employer Information Requested Occupation Information Requested
 Treasure Coast Realty Realtor

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2011

Transaction ID : 10927.C7227

Amount of Each Receipt this Period
 Receipt 1000.00

C. Full Name (Last, First, Middle Initial)
Armando Olivera

Mailing Address 712 San Esteban Ave

City Coral Gables State FL Zip Code 33146-1216

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

Name of Employer Information Requested Occupation Information Requested
 FPL Group President & CEO

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : 11007.C7251

Amount of Each Receipt this Period
 Receipt 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

A. Full Name (Last, First, Middle Initial)
Richard G. Paul-Hus

Mailing Address 401 SW 4th Ave
Apt. 703

City Fort Lauderdale State FL Zip Code 33315-1013

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

Name of Employer Hypower, Inc. Occupation VP Business Development

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : 11007.C7250

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Peter Pauley

Mailing Address 103 Palmetto Trl

City Hobe Sound State FL Zip Code 33455-2306

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 22 / 2011

Transaction ID : 10927.C7183

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Kathleen Plummer

Mailing Address 3516 Durango St

City Coral Gables State FL Zip Code 33134-6430

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

Name of Employer None Occupation Homemaker

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : 10927.C7112

Amount of Each Receipt this Period
500.00

Receipt

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

A. Full Name (Last, First, Middle Initial)
James Robo

Mailing Address 15100 Palmwood Rd

City State Zip Code
Palm Beach Gardens FL 33410-1026

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

Name of Employer Occupation
NextEra Energy President and COO

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : 11007.C7253

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Evan Rosen

Mailing Address 2141 S Highway A1A Alt Suite 420

City State Zip Code
Jupiter FL 33477-4072

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

Name of Employer Occupation
Self-Employed Physician

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 22 / 2011

Transaction ID : 10927.C7226

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
William D. Rubin

Mailing Address 301 E Las Olas Blvd Suite 410

City State Zip Code
Fort Lauderdale FL 33301-2254

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

Name of Employer Occupation
The Rubin Group President

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : 11007.C7256

Amount of Each Receipt this Period
2000.00

Receipt

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

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

4250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

A. Full Name (Last, First, Middle Initial)
Parks Shackelford

Mailing Address 3001 N Monroe St

City State Zip Code
Arlington VA 22207-5351

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

Name of Employer Occupation
Florida Crystals Corp. Vice President

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : 11010.C7281

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Eric Silagy

Mailing Address 134 Grand Palm Way

City State Zip Code
Palm Beach Gardens FL 33418-4630

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

Name of Employer Occupation
FPL Group Executive

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2011

Transaction ID : 11007.C7254

Amount of Each Receipt this Period
2000.00

Receipt

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

Mailing Address 5139 Magnolia Bay Cir

City State Zip Code
Palm Beach Gardens FL 33418-6735

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

Name of Employer Occupation
Self-Employed Accountant

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 19 / 2011

Transaction ID : 10927.C7110

Amount of Each Receipt this Period
1500.00

Receipt

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 16 OF 43
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

A. Full Name (Last, First, Middle Initial)
Malcolm Wade

Mailing Address 209 Ridgewood Ave

City State Zip Code
Clewiston FL 33440-5112

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

Name of Employer Occupation
US Sugar Corporation Senior VP

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 30 2011

Transaction ID : 11007.C7243

Amount of Each Receipt this Period
2500.00

Receipt

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2500.00

31350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

A. Full Name (Last, First, Middle Initial)
American Meat Inst PAC

Mailing Address 1150 Connecticut Ave NW Ste 1200

City Washington State DC Zip Code 20036-4126

FEC ID number of contributing federal political committee. **C** C00024281

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2011

Transaction ID : 11007.C7230

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Cargill, Inc. PAC

Mailing Address PO Box 9300

City Minneapolis State MN Zip Code 55440-9300

FEC ID number of contributing federal political committee. **C** C00067884

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2011

Transaction ID : 10927.C7081

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Darden Restaurants Employees Good Govt

Mailing Address 1000 Darden Center Dr

City Orlando State FL Zip Code 32837-4032

FEC ID number of contributing federal political committee. **C** C00108282

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2011

Transaction ID : 11007.C7235

Amount of Each Receipt this Period
1000.00

Receipt

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

A. Farm Credit PAC

Full Name (Last, First, Middle Initial)
Mailing Address 50 F St NW Ste 900

City Washington State DC Zip Code 20001-1530

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **2270.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : 11007.C7247

Amount of Each Receipt this Period
 Receipt **1000.00**

B. Land OLakes PAC

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 64101

City Saint Paul State MN Zip Code 55164-0101

FEC ID number of contributing federal political committee. **C C00009423**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2011

Transaction ID : 10927.C7177

Amount of Each Receipt this Period
 Receipt **1000.00**

C. Lockheed Martin PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1550 Crystal Dr Ste 300
Crystal Square Two

City Arlington State VA Zip Code 22202-4110

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2011

Transaction ID : 10801.C7068

Amount of Each Receipt this Period
 Receipt **1000.00**

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

A. Full Name (Last, First, Middle Initial)
National Cattlemens Beef Association PAC

Mailing Address 1301 Pennsylvania Ave NW Ste 300

City Washington State DC Zip Code 20004-1701

FEC ID number of contributing federal political committee. **C C00028787**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2011

Transaction ID : 11007.C7232

Amount of Each Receipt this Period
 Receipt 3000.00

B. Full Name (Last, First, Middle Initial)
National Cattlemens Beef Association PAC

Mailing Address 1301 Pennsylvania Ave NW Ste 300

City Washington State DC Zip Code 20004-1701

FEC ID number of contributing federal political committee. **C C00028787**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2011

Transaction ID : 11007.C7231

Amount of Each Receipt this Period
 Receipt 2000.00

C. Full Name (Last, First, Middle Initial)
National Chicken Council PAC

Mailing Address 1015 15th St NW Ste 930

City Washington State DC Zip Code 20005-2622

FEC ID number of contributing federal political committee. **C C00034272**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2011

Transaction ID : 11007.C7237

Amount of Each Receipt this Period
 Receipt 1000.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

A. National Meat Association, Inc. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1970 Broadway Ste 825
 City State Zip Code
 Oakland CA 94612-2299
 FEC ID number of contributing federal political committee. **C C00301671**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : 10927.C7080
 Amount of Each Receipt this Period
 Receipt 1000.00

B. National Milk Producers Federation PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 2101 Wilson Blvd Ste 400
 City State Zip Code
 Arlington VA 22201-3062
 FEC ID number of contributing federal political committee. **C C00325324**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2011
Transaction ID : 11007.C7234
 Amount of Each Receipt this Period
 Receipt 2000.00

C. National Turkey Federation PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1225 New York Ave NW Ste 400
 City State Zip Code
 Washington DC 20005-6404
 FEC ID number of contributing federal political committee. **C C00076182**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2011
Transaction ID : 11007.C7239
 Amount of Each Receipt this Period
 Receipt 2000.00

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

5000.00

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

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

FOR LINE NUMBER: PAGE 21 OF 43
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

A. NFIB Safe Trust
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 F St NW Ste 200
 City Washington State DC Zip Code 20004-1221
 FEC ID number of contributing federal political committee. **C C00101105**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 03 / 2011
Transaction ID : 10906.C7073
 Amount of Each Receipt this Period
 Receipt 2000.00

B. OSI Restaurant Partnership PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 2202 N West Shore Blvd Fl 5
 City Tampa State FL Zip Code 33607-5747
 FEC ID number of contributing federal political committee. **C C00253153**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2011
Transaction ID : 10801.C7064
 Amount of Each Receipt this Period
 Receipt 5000.00

C. Pork PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 10383
 City Des Moines State IA Zip Code 50306-0383
 FEC ID number of contributing federal political committee. **C C00201871**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2011
Transaction ID : 10801.C7066
 Amount of Each Receipt this Period
 Receipt 1000.00

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

8000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

A. Pork PAC

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

Mailing Address PO Box 10383

City Des Moines State IA Zip Code 50306-0383

FEC ID number of contributing federal political committee. **C C00201871**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2011

Transaction ID : 10927.C7178

Amount of Each Receipt this Period
2000.00

Receipt

B. Raytheon PAC

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

Mailing Address 1100 Wilson Blvd Ste 1500

City Arlington State VA Zip Code 22209-3900

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2011

Transaction ID : 11007.C7238

Amount of Each Receipt this Period
1000.00

Receipt

C. RJ Reynolds PAC

Full Name (Last, First, Middle Initial)
RJ Reynolds PAC

Mailing Address 401 N Main St

City Winston Salem State NC Zip Code 27101-3804

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2011

Transaction ID : 10927.C7082

Amount of Each Receipt this Period
1500.00

Receipt

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

A. Full Name (Last, First, Middle Initial)
Tuesday Group PAC

Mailing Address **PO Box 11586**

City **Washington** State **DC** Zip Code **20008-0786**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 18 / 2011

Transaction ID : 10801.C7063

Amount of Each Receipt this Period
3000.00

Receipt

B. Full Name (Last, First, Middle Initial)
United Egg Assoc PAC

Mailing Address **1720 Windward Concourse Ste 230**

City **Alpharetta** State **GA** Zip Code **30005-2289**

FEC ID number of contributing federal political committee. **C C00172841**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2011

Transaction ID : 11007.C7233

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address **55 Glenlake Pkwy NE**

City **Atlanta** State **GA** Zip Code **30328-3474**

FEC ID number of contributing federal political committee. **C C00064766**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 21 / 2011

Transaction ID : 10801.C7067

Amount of Each Receipt this Period
1500.00

Receipt

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

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

5500.00

36000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

Full Name (Last, First, Middle Initial) Suntrust Bank		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 29 / 2011	
Mailing Address 111 SE Osceola St		Transaction ID : 10906.C7074	
City Stuart	State FL	Zip Code 34994-2114	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.67	
Name of Employer Occupation		Other Receipt	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 533.35	
		NOTE: Bank Interest	

Full Name (Last, First, Middle Initial) Suntrust Bank		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 30 / 2011	
Mailing Address 111 SE Osceola St		Transaction ID : 11007.C7258	
City Stuart	State FL	Zip Code 34994-2114	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.68	
Name of Employer Occupation		Other Receipt	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 586.03	
		NOTE: BANK INTEREST	

Full Name (Last, First, Middle Initial) Suntrust Bank		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2011	
Mailing Address 111 SE Osceola St		Transaction ID : 11007.C7259	
City Stuart	State FL	Zip Code 34994-2114	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.99	
Name of Employer Occupation		Other Receipt	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 637.02	
		NOTE: BANK INTEREST	

SUBTOTAL of Receipts This Page (optional).....	156.34
TOTAL This Period (last page this line number only).....	156.34

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 43			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

Full Name (Last, First, Middle Initial) A. Aristotle International, Inc.			Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2011
Mailing Address 205 Pennsylvania Ave S.E.			Amount of Each Disbursement this Period 2250.00
City Washington	State DC	Zip Code 20003-	Transaction ID : 10906.E1651
Purpose of Disbursement Software	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		SOFTWARE
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. AT&T			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2011
Mailing Address PO Box 105262			Amount of Each Disbursement this Period 39.38
City Atlanta	State GA	Zip Code 30348-5262	Transaction ID : 10801.E1600
Purpose of Disbursement Telephone	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		TELEPHONE
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. AT&T			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2011
Mailing Address PO Box 105262			Amount of Each Disbursement this Period 38.93
City Atlanta	State GA	Zip Code 30348-5262	Transaction ID : 10808.E1614
Purpose of Disbursement Telephone	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		TELEPHONE
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	2328.31
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)	PAGE 26 OF 43			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2011
Mailing Address PO Box 105262		Amount of Each Disbursement this Period 38.93
City Atlanta	State GA	
Zip Code 30348-5262	Purpose of Disbursement Telephone	Transaction ID : 10906.E1649
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	TELEPHONE
State: District:		

Full Name (Last, First, Middle Initial) B. Bellwether Consulting Group		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2011
Mailing Address 1111 19th St NW Ste 1150		Amount of Each Disbursement this Period 2019.95
City Washington	State DC	
Zip Code 20036-3649	Purpose of Disbursement Fundraising Consulting	Transaction ID : 10801.E1602
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	FUNDRAISING CONSULTING
State: District:		

Full Name (Last, First, Middle Initial) c. Bellwether Consulting Group		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2011
Mailing Address 1111 19th St NW Ste 1150		Amount of Each Disbursement this Period 2000.00
City Washington	State DC	
Zip Code 20036-3649	Purpose of Disbursement Fundraising Consulting	Transaction ID : 10822.E1646
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	FUNDRAISING CONSULTING
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4058.88
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)	PAGE 27 OF 43			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

Full Name (Last, First, Middle Initial) A. Bellwether Consulting Group			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2011
Mailing Address 1111 19th St NW Ste 1150			Amount of Each Disbursement this Period 98.89
City Washington	State DC	Zip Code 20036-3649	
Purpose of Disbursement NOTE: No Itemization Necessary			Transaction ID : 10822.E1647
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		NOTE: NO ITEMIZATION NECESSARY
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) B. Brushfire Digital, LLC			Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2011
Mailing Address 248 S Pennsylvania Ave Unit 302			Amount of Each Disbursement this Period 219.40
City Winter Park	State FL	Zip Code 32789-4117	
Purpose of Disbursement Transaction Fees			Transaction ID : 11007.E1669
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		TRANSACTION FEES
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) c. Budget Printing Center, LLC			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2011
Mailing Address 4152 W. Blue Heron Blvd., #109			Amount of Each Disbursement this Period 366.76
City Riviera Beach	State FL	Zip Code 33404-	
Purpose of Disbursement Printing			Transaction ID : 10808.E1610
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		PRINTING
State: District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	685.05
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)		PAGE 28 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

Full Name (Last, First, Middle Initial) A. Direct Mail Systems		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2011
Mailing Address 12450 Automobile Blvd		Amount of Each Disbursement this Period 821.50
City Clearwater State FL Zip Code 33762-4427	Purpose of Disbursement Postage & Delivery	
Candidate Name	Category/Type	Transaction ID : 10822.E1637
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	POSTAGE & DELIVERY
State: District:		

Full Name (Last, First, Middle Initial) B. EM Campaigns, Inc		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2011
Mailing Address PO Box 10362		Amount of Each Disbursement this Period 8000.00
City Tallahassee State FL Zip Code 32302-	Purpose of Disbursement Campaign Strategy Consulting	
Candidate Name	Category/Type	Transaction ID : 10822.E1639
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CAMPAIGN STRATEGY CONSULTING
State: District:		

Full Name (Last, First, Middle Initial) c. Integrated Campaign Solutions		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2011
Mailing Address 526 Daroco Ave		Amount of Each Disbursement this Period 4000.00
City Coral Gables State FL Zip Code 33146-2713	Purpose of Disbursement Fundraising Consulting	
Candidate Name	Category/Type	Transaction ID : 10801.E1597
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	FUNDRAISING CONSULTING
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	12821.50
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)		PAGE 29 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

Full Name (Last, First, Middle Initial) A. Integrated Campaign Solutions		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2011
Mailing Address 526 Daroco Ave		Amount of Each Disbursement this Period 4000.00
City Coral Gables	State FL	
Zip Code 33146-2713	Purpose of Disbursement Fundraising Consulting	Transaction ID : 10801.E1598
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	FUNDRAISING CONSULTING
State: District:		

Full Name (Last, First, Middle Initial) B. Integrated Campaign Solutions		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2011
Mailing Address 526 Daroco Ave		Amount of Each Disbursement this Period 4000.00
City Coral Gables	State FL	
Zip Code 33146-2713	Purpose of Disbursement Fundraising Consulting	Transaction ID : 10822.E1641
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	FUNDRAISING CONSULTING
State: District:		

Full Name (Last, First, Middle Initial) c. Leadership Palm Beach County		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2011
Mailing Address 621 Clearwater Park Rd		Amount of Each Disbursement this Period 250.00
City West Palm Beach	State FL	
Zip Code 33401-6233	Purpose of Disbursement Membership Dues	Transaction ID : 10808.E1613
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MEMBERSHIP DUES
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8250.00
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)	PAGE 30 OF 43			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

Full Name (Last, First, Middle Initial) A. Sara Misselhorn		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2011
Mailing Address 130 Quayside Dr		Amount of Each Disbursement this Period 2000.00
City Jupiter	State FL	
Zip Code 33477-4036	Purpose of Disbursement Salary	Transaction ID : 10801.E1599
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District:		

Full Name (Last, First, Middle Initial) B. Sara Misselhorn		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2011
Mailing Address 130 Quayside Dr		Amount of Each Disbursement this Period 2000.00
City Jupiter	State FL	
Zip Code 33477-4036	Purpose of Disbursement Salary	Transaction ID : 10808.E1616
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District:		

Full Name (Last, First, Middle Initial) c. Sara Misselhorn		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2011
Mailing Address 130 Quayside Dr		Amount of Each Disbursement this Period 2000.00
City Jupiter	State FL	
Zip Code 33477-4036	Purpose of Disbursement Salary	Transaction ID : 10906.E1648
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SALARY
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6000.00
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)		PAGE 31 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

Full Name (Last, First, Middle Initial) A. Professional Data Services		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2011
Mailing Address 264 N Lumpkin St # 202		Amount of Each Disbursement this Period 1503.96
City Athens State GA Zip Code 30601-2742	Purpose of Disbursement Compliance Consulting	Transaction ID : 10808.E1612
Candidate Name	Category/Type	COMPLIANCE CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Professional Data Services		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2011
Mailing Address 264 N Lumpkin St # 202		Amount of Each Disbursement this Period 1500.00
City Athens State GA Zip Code 30601-2742	Purpose of Disbursement Compliance Consulting	Transaction ID : 10822.E1645
Candidate Name	Category/Type	COMPLIANCE CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. United States Post Office		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2011
Mailing Address 4200 Conroy Rd		Amount of Each Disbursement this Period 190.00
City Orlando State FL Zip Code 32839-2400	Purpose of Disbursement Business Reply Mail	Transaction ID : 10822.E1643
Candidate Name	Category/Type	BUSINESS REPLY MAIL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3193.96
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)		PAGE 32 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

Full Name (Last, First, Middle Initial) A. United States Post Office		Date of Disbursement MM / DD / YYYY 08 / 15 / 2011
Mailing Address 4200 Conroy Rd		Amount of Each Disbursement this Period 500.00 Transaction ID : 10822.E1644
City Orlando	State FL Zip Code 32839-2400	
Purpose of Disbursement Postage	Category/Type	POSTAGE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. United States Post Office		Date of Disbursement MM / DD / YYYY 08 / 15 / 2011
Mailing Address 4200 Conroy Rd		Amount of Each Disbursement this Period 605.00 Transaction ID : 10822.E1642
City Orlando	State FL Zip Code 32839-2400	
Purpose of Disbursement Business Reply Mail	Category/Type	BUSINESS REPLY MAIL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) c. REC of St. Lucie County		Date of Disbursement MM / DD / YYYY 07 / 05 / 2011
Mailing Address 441 SW Whitmore Dr		Amount of Each Disbursement this Period 700.00 Transaction ID : 10808.E1611
City Port Saint Lucie	State FL Zip Code 34984-3523	
Purpose of Disbursement Event Tickets	Category/Type	EVENT TICKETS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1805.00
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)	PAGE 33 OF 43			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

Full Name (Last, First, Middle Initial) A. SunTrust Visa		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2011
Mailing Address P.O. Box 791250		Amount of Each Disbursement this Period 1929.98
City Baltimore	State MD	
Zip Code 21279-1250	Purpose of Disbursement See Below	Transaction ID : 10801.E1601
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) B. SunTrust Visa		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2011
Mailing Address P.O. Box 791250		Amount of Each Disbursement this Period 23.43
City Baltimore	State MD	
Zip Code 21279-1250	Purpose of Disbursement Finance Charges	Transaction ID : 10801.E1603
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: FINANCE CHARGES
State: District:		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2011
Mailing Address 2200 Old Germantown Road		Amount of Each Disbursement this Period 110.10
City Delray Beach	State FL	
Zip Code 33445-	Purpose of Disbursement Office Supplies	Transaction ID : 10801.E1604
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: OFFICE SUPPLIES
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1929.98
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)	PAGE 34 OF 43			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

Full Name (Last, First, Middle Initial)

A. Art and Soul

Mailing Address 415 New Jersey Ave NW

City Washington State DC Zip Code 20001-2001

Purpose of Disbursement Event Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement 07 / 05 / 2011

Amount of Each Disbursement this Period 1192.43

Transaction ID : 10801.E1605

[MEMO ITEM]
MEMO: EVENT CATERING

Full Name (Last, First, Middle Initial)

B. Capitol Hill Club

Mailing Address 300 1st St SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement Meeting Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement 07 / 05 / 2011

Amount of Each Disbursement this Period 442.42

Transaction ID : 10801.E1607

[MEMO ITEM]
MEMO: MEETING EXPENSE

Full Name (Last, First, Middle Initial)

C. SunTrust Visa

Mailing Address P.O. Box 791250

City Baltimore State MD Zip Code 21279-1250

Purpose of Disbursement See Below

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement 08 / 01 / 2011

Amount of Each Disbursement this Period 1938.03

Transaction ID : 10808.E1615

SEE BELOW

SUBTOTAL of Disbursements This Page (optional) 1938.03

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)		PAGE 35 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

Full Name (Last, First, Middle Initial) A. United States Post Office		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2011
Mailing Address 4200 Conroy Rd		Amount of Each Disbursement this Period 9.83
City Orlando	State FL	
Zip Code 32839-2400	Purpose of Disbursement Postage	Transaction ID : 10808.E1621
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: POSTAGE
State: District:		

Full Name (Last, First, Middle Initial) B. UPS Store		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2011
Mailing Address 2336 S.E. Ocean Blvd		Amount of Each Disbursement this Period 14.31
City Stuart	State FL	
Zip Code 34995-	Purpose of Disbursement Shipping	Transaction ID : 10808.E1622
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: SHIPPING
State: District:		

Full Name (Last, First, Middle Initial) c. Volta Live		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2011
Mailing Address 5500 Friendship Blvd Apt 2322N		Amount of Each Disbursement this Period 210.00
City Chevy Chase	State MD	
Zip Code 20815-7279	Purpose of Disbursement Event Tickets	Transaction ID : 10808.E1623
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: EVENT TICKETS
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)	PAGE 36 OF 43			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

Full Name (Last, First, Middle Initial) A. Molly Malones		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2011
Mailing Address 713 8th St SE		Amount of Each Disbursement this Period 101.40
City Washington	State DC	
Zip Code 20003-2802	Purpose of Disbursement Meeting Expense	Transaction ID : 10808.E1624
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: MEETING EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) B. EzTees		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2011
Mailing Address 13420 Damar Dr Ste G		Amount of Each Disbursement this Period 308.35
City Philadelphia	State PA	
Zip Code 19116-1816	Purpose of Disbursement Event Expense	Transaction ID : 10808.E1626
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: EVENT EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) c. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2011
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 526.94
City Washington	State DC	
Zip Code 20003-1801	Purpose of Disbursement Meeting Expense	Transaction ID : 10808.E1627
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: MEETING EXPENSE
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)		PAGE 37 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

Full Name (Last, First, Middle Initial) A. Chevron		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2011
Mailing Address 6001 Bollinger Canyon Road		Amount of Each Disbursement this Period 128.16
City San Ramon	State CA Zip Code 94583-	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : 10808.E1630
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) B. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2011
Mailing Address 2587 SE Monroe Street		Amount of Each Disbursement this Period 125.81
City Stuart	State FL Zip Code 34997-	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : 10808.E1631
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) C. ExxonMobil		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2011
Mailing Address 9200 S. U.S. Hwy 1		Amount of Each Disbursement this Period 70.22
City Port Saint Lucie	State FL Zip Code 34952-	
Purpose of Disbursement Travel Expense	Candidate Name	Transaction ID : 10808.E1633
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: TRAVEL EXPENSE

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)	PAGE 38 OF 43			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

Full Name (Last, First, Middle Initial) A. Martin County Republican Executive			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2011
Mailing Address P.O. Box 501			Amount of Each Disbursement this Period 60.00
City Stuart	State FL	Zip Code 34995-	
Purpose of Disbursement Event Tickets		Category/ Type	Transaction ID : 10919.E1660
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM] MEMO: EVENT TICKETS
State: District:			

Full Name (Last, First, Middle Initial) B. SunTrust Visa			Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2011
Mailing Address P.O. Box 791250			Amount of Each Disbursement this Period 3110.76
City Baltimore	State MD	Zip Code 21279-1250	
Purpose of Disbursement See Below		Category/ Type	Transaction ID : 10906.E1650
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		SEE BELOW
State: District:			

Full Name (Last, First, Middle Initial) c. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2011
Mailing Address 300 1st St SE			Amount of Each Disbursement this Period 193.00
City Washington	State DC	Zip Code 20003-1801	
Purpose of Disbursement Meeting Expense		Category/ Type	Transaction ID : 10919.E1655
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM] MEMO: MEETING EXPENSE
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	3110.76
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)	PAGE 39 OF 43			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

A. Washington Nationals

Full Name (Last, First, Middle Initial)
Mailing Address 1500 S Capitol St SE

City Washington State DC Zip Code 20003-3599

Purpose of Disbursement Event Tickets

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 06 / 2011

Amount of Each Disbursement this Period: 85.50

Transaction ID : 10919.E1656

[MEMO ITEM]
MEMO: EVENT TICKETS

B. US Airways

Full Name (Last, First, Middle Initial)
Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement Travel Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 06 / 2011

Amount of Each Disbursement this Period: 1041.60

Transaction ID : 10919.E1657

[MEMO ITEM]
MEMO: TRAVEL EXPENSE

c. Grand Challenge Coins

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement Event Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 06 / 2011

Amount of Each Disbursement this Period: 1620.00

Transaction ID : 10919.E1659

[MEMO ITEM]
MEMO: EVENT EXPENSE

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)	PAGE 40 OF 43			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2011
Mailing Address 2040 SE Federal Highway			Amount of Each Disbursement this Period 188.82
City Stuart	State FL	Zip Code 34994-	
Purpose of Disbursement Telephone		Category/ Type	Transaction ID : 10808.E1634
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		TELEPHONE
State: District:			

Full Name (Last, First, Middle Initial) B. Verizon Wireless			Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2011
Mailing Address 2040 SE Federal Highway			Amount of Each Disbursement this Period 188.80
City Stuart	State FL	Zip Code 34994-	
Purpose of Disbursement Telephone		Category/ Type	Transaction ID : 10906.E1652
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		TELEPHONE
State: District:			

Full Name (Last, First, Middle Initial) C. Verizon Wireless			Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2011
Mailing Address 2040 SE Federal Highway			Amount of Each Disbursement this Period 193.52
City Stuart	State FL	Zip Code 34994-	
Purpose of Disbursement Telephone		Category/ Type	Transaction ID : 11007.E1668
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		TELEPHONE
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	571.14
TOTAL This Period (last page this line number only).....	46692.61

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 43
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

Full Name (Last, First, Middle Initial) A. Dold for Congress		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2011
Mailing Address PO Box 8145		Amount of Each Disbursement this Period 1000.00 Transaction ID : 11007.E1662
City Northfield	State IL	
Zip Code 60093-8145	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name ROBERT JAMES DOLD JR	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 10	

Full Name (Last, First, Middle Initial) B. Michael Grimm for Congress		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2011
Mailing Address PO Box 270		Amount of Each Disbursement this Period 1000.00 Transaction ID : 11007.E1664
City Staten Island	State NY	
Zip Code 10310-0270	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name MICHAEL GRIMM	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 13	

Full Name (Last, First, Middle Initial) c. Hannahs Home of South Florida		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2011
Mailing Address 4390 County Line Rd		Amount of Each Disbursement this Period 4600.00 Transaction ID : 10906.E1654
City Tequesta	State FL	
Zip Code 33469-2174	Purpose of Disbursement DONATION	Category/ Type
Candidate Name	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional)	6600.00
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)		PAGE 42 OF 43	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

Full Name (Last, First, Middle Initial) A. MaryLynn Magar Campaign		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2011
Mailing Address PO Box 4152		Amount of Each Disbursement this Period 500.00 Transaction ID : 11007.E1667
City Tequesta	State FL	
Zip Code 33469-1017	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Republican Party of Florida		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2011
Mailing Address 420 E Jefferson St		Amount of Each Disbursement this Period 25000.00 Transaction ID : 10822.E1640
City Tallahassee	State FL	
Zip Code 32301-1818	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Scott Rigell for Congress		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2011
Mailing Address 915 First Colonial Rd		Amount of Each Disbursement this Period 1000.00 Transaction ID : 11007.E1663
City Virginia Beach	State VA	
Zip Code 23454-3187	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name EDWARD SCOTT RIGELL	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VA District: 02	

SUBTOTAL of Disbursements This Page (optional).....	26500.00
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)		PAGE 43 OF 43	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tom Rooney for Congress

Full Name (Last, First, Middle Initial) A. Jon Runyan for Congress		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2011
Mailing Address PO Box 225		Amount of Each Disbursement this Period 1000.00 Transaction ID : 11007.E1665
City Colonia	State NJ	
Zip Code 07067-0225	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name JON RUNYAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NJ District: 03	

Full Name (Last, First, Middle Initial) B. Bobby Schilling for Congress		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2011
Mailing Address 367 Avenue of the Cities Ste D		Amount of Each Disbursement this Period 1000.00 Transaction ID : 11007.E1666
City East Moline	State IL	
Zip Code 61244-4053	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name ROBERT T SCHILLING	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 17	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	35100.00