

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Tom Feeny for Congress

ADDRESS (number and street) 1420 Alafaya Trail, #103

Check if different than previously reported. (ACC)

Oviedo FL 32765

2. **FEC IDENTIFICATION NUMBER** C00368951

CITY STATE ZIP CODE STATE DISTRICT

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

FL 24

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on in the State of

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

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

Election on 11 07 2006 in the State of FL

5. Covering Period 10 19 2006 through 11 27 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy H. Watkins

Signature of Treasurer Electronically Filed by Nancy H. Watkins Date 12 04 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Tom Feeney for Congress

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 9 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 7 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | 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))..... | 72090.00 | 1345302.69 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 1050.00 | 6000.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 71040.00 | 1339302.69 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 216099.09 | 1330874.87 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 4150.45 | 6853.79 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 211948.64 | 1324021.08 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 60947.34 | |
| 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

**POST-ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Tom Feeney for Congress

Report Covering the Period: From: To:

I. RECEIPTS

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of | COLUMN C Total for |
|--|---|--|
| 11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A) <input type="text" value="36860.00"/> (ii) Unitemized <input type="text" value="4650.00"/> (iii) Total of contributions from individuals <input type="text" value="41510.00"/> | <input type="text" value="11"/> <input type="text" value="07"/> <input type="text" value="2006"/> (date of general election) | <input type="text" value="11"/> <input type="text" value="08"/> <input type="text" value="2006"/> (date after general election) through <input type="text" value="11"/> <input type="text" value="27"/> <input type="text" value="2006"/> (last day of reporting period) |
| <input type="text" value="41510.00"/> | <input type="text" value="614261.50"/> | <input type="text" value="0.00"/> |
| (b) Political Party Committees <input type="text" value="80.00"/> | <input type="text" value="1467.50"/> | <input type="text" value="0.00"/> |
| (c) Other Political Committees <input type="text" value="30500.00"/> | <input type="text" value="729573.69"/> | <input type="text" value="0.00"/> |

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date) | COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates) |
|---|--|--|
| (d) The Candidate 0.00 | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) 72090.00 | 1345302.69 | 0.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES 0.00 | 0.00 | 0.00 |
| 13. LOANS: (a) Made or Guaranteed by the Candidate 0.00 | 0.00 | 0.00 |
| (b). All Other Loans 0.00 | 0.00 | 0.00 |
| (c). TOTAL LOANS (add Lines 13(a) and (b)) 0.00 | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc) 4150.45 | 6853.79 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc) 561.48 | 28203.89 | 0.00 |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) 76801.93 | 1380360.37 | 0.00 |

**POST ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Tom Feeney for Congress

Report the covering period

From:

10

19

2006

To:

11

27

2006

II. DISBURSEMENTS

| COLUMN A Total this period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date) |
|---|--|---|
| 17. OPERATING EXPENDITURES | | |
| 216099.09 | 1330874.87 | 19371.44 |
| 18. TRANSFER TO OTHER AUTHORIZED COMMITTEES | | |
| 0.00 | 0.00 | 0.00 |
| 19. LOAN PAYMENTS | | |
| (a) Of Loans Made or Guaranteed by the Candidate | | |
| 0.00 | 0.00 | 0.00 |
| (b) Of All Other Loans | | |
| 0.00 | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) | | |
| 0.00 | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| 800.00 | 5750.00 | 0.00 |
| (b) Political Party Committees | | |
| 0.00 | 0.00 | 0.00 |

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 8

| COLUMN A Total this period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | Total for * Through * | COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date) |
|-------------------------------|---|--------------------------|--|
|-------------------------------|---|--------------------------|--|

(c) Other political committees (such as PACs)

| | | |
|--------|--------|------|
| 250.00 | 250.00 | 0.00 |
|--------|--------|------|

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

| | | |
|---------|---------|------|
| 1050.00 | 6000.00 | 0.00 |
|---------|---------|------|

21. OTHER DISBURSEMENTS

| | | |
|--------|-----------|------|
| 500.00 | 233950.00 | 0.00 |
|--------|-----------|------|

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

| | | |
|-----------|------------|----------|
| 217649.09 | 1570824.87 | 19371.44 |
|-----------|------------|----------|

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

| | | |
|----------|------------|------|
| 71040.00 | 1339302.69 | 0.00 |
|----------|------------|------|

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

| | | |
|-----------|------------|----------|
| 211948.64 | 1324021.08 | 19371.44 |
|-----------|------------|----------|

V. CASH SUMMARY

| | |
|--|-----------|
| 23. CASH ON HAND AT BEGINING OF REPORTING PERIOD | 201794.50 |
| 24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16)..... | 76801.93 |
| 25. SUBTOTAL(add Line 23 and Line 24) | 278596.43 |
| 26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22)..... | 217649.09 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25)..... | 60947.34 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 87 |
| | <input type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
AFLAC, Inc. PAC

Mailing Address 1932 Wynnton Road

City Columbus State GA Zip Code 31999

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: C-4-00iJ08

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
The ASCAP Legislative Fund for the Arts

Mailing Address 1 Lincoln Plaza

City New York State NY Zip Code 10023

FEC ID number of contributing federal political committee. **C** C00228296

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: C-7-01KV03

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Allstate Insurance Company PAC

Mailing Address 2775 Sanders Road, #A4

City Northbrook State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C** C00040253

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: C-67-008908

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

| | | |
|--|---|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 87 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Alticor PAC | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6 |
| Mailing Address 7575 E. Fulton Street | | Transaction ID: C-74-014U02 |
| City State Zip Code Ada MI 49355 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00034884 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Assn. for Competitive Technology PAC | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 1413 K. Street, N.W., 12th Floor | | Transaction ID: C-173-01YI02 |
| City State Zip Code Washington DC 20005 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C C00353284 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Bank of America Federal PAC | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 |
| Mailing Address 600 Peachtree St., N.E., 3rd FL | | Transaction ID: C-207-00LG01 |
| City State Zip Code Atlanta GA 30308 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C C00043489 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 10000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3500.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 87 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | | |
|---|---|---|---|
| Full Name (Last, First, Middle Initial) A. Bright House Networks, LLC PAC | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 | |
| Mailing Address 1155 21st Street, N.W., #300 | | Transaction ID: C-400-01o401 | |
| City State Zip Code Washington DC 20036 | Amount of Each Receipt this Period 1000.00 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| FEC ID number of contributing federal political committee. C C00402875 | | | |
| Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|---|---|---|---|
| Full Name (Last, First, Middle Initial) B. Campaign for Working Families | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 | |
| Mailing Address 2800 S. Shirlington Road, #605 | | Transaction ID: C-503-00mS03 | |
| City State Zip Code Arlington VA 22206 | Amount of Each Receipt this Period 2500.00 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| FEC ID number of contributing federal political committee. C C00325076 | | | |
| Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 2500.00 | | |

| | | | |
|---|---|---|---|
| Full Name (Last, First, Middle Initial) C. The Commonwealth PAC | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 | |
| Mailing Address 45 School Street, 2nd Floor | | Transaction ID: C-648-01oX01 | |
| City State Zip Code Boston MA 02108 | Amount of Each Receipt this Period 2000.00 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| FEC ID number of contributing federal political committee. C C00403022 | | | |
| Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 2000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 5500.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 87 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
ConocoPhillips Spirit PAC

Mailing Address 1400-B Plaza Office Building

City State Zip Code
Bartlesville OK 74004

FEC ID number of contributing federal political committee. **C** C00112896

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: C-659-01oY01

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 520 S. Grand Avenue, #700

City State Zip Code
Los Angeles CA 90071

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

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

Transaction ID: C-935-013709

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Financial Service Centers of America PAC

Mailing Address P.O. Box 647

City State Zip Code
Hackensack NJ 07602

FEC ID number of contributing federal political committee. **C** C00232843

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: C-1043-01ot01

Amount of Each Receipt this Period
1000.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 87 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Financial Services Institute PAC Mailing Address 900 Circle 75 Parkway, #1300 City Atlanta State GA Zip Code 30339 FEC ID number of contributing federal political committee. C C00409714 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 Transaction ID: C-1044-01o301 Amount of Each Receipt this Period 2000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|---|--|---|

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Foley & Lardner Political Fund Mailing Address 3000 K Street, N.W., #500 City Washington State DC Zip Code 20007 FEC ID number of contributing federal political committee. C C00105338 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 Transaction ID: C-1106-018Y02 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|---|--|---|

| | | |
|--|--|--|
| C. Full Name (Last, First, Middle Initial) GrayRobinson, P.A. PAC Mailing Address 201 E. Pine Street, #1200 City Orlando State FL Zip Code 32801 FEC ID number of contributing federal political committee. C C00224790 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5340.85 | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 Transaction ID: C-1281-004T0B Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|--|--|--|

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3500.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 87 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Greenberg Taurig PAC | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 | |
| Mailing Address 1221 Brickell Avenue | | Transaction ID: C-1290-009H07 | |
| City State Zip Code Miami FL 33131 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C C00266585 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 4000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Marriott International PAC | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address Marriott Drive | | Transaction ID: C-1920-00zt02 | |
| City State Zip Code Marriott Corp DC 20058 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C C00284810 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 500.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. McKesson Corp. Employees Political Fund | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6 | |
| Mailing Address 1 Post Street, 29th Floor | | Transaction ID: C-2016-01P803 | |
| City State Zip Code San Francisco CA 94104 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C C00108035 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 3000.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 87 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Natl. Utility Contractors Assn. Leg. Comm. | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 | |
| Mailing Address 4301 N. Fairfax Drivem #360 | | Transaction ID: C-2206-00zq02 | |
| City State Zip Code Arlington VA 22203 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C C00004101 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Natl. Asso. of Ins. & Financial Adv. PAC | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 2901 Telestar Court | | Transaction ID: C-2221-00k20D | |
| City State Zip Code Falls Church VA 22042 | Amount of Each Receipt this Period 2000.00 | | |
| FEC ID number of contributing federal political committee. C C00005249 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 10000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Natl. Asso. for Uniformed Services PAC | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 | |
| Mailing Address 5535 Hempstead Way | | Transaction ID: C-2224-012f02 | |
| City State Zip Code Springfield VA 22151 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C C00086348 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 250.00 | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 87 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. National Association of Broadcasters PAC Mailing Address 1771 N Street, N.W. City State Zip Code Washington DC 20036 FEC ID number of contributing federal political committee. C C00009985 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Transaction ID: C-2228-01or01 Amount of Each Receipt this Period 1500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|--|--|--|

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. National Venture Capital Assoc. PAC Mailing Address 1655 N. Fort Myer Drive, #850 City State Zip Code Arlington VA 22209 FEC ID number of contributing federal political committee. C C00150367 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 7500.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 Transaction ID: C-2266-01Jl08 Amount of Each Receipt this Period 1500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|--|--|--|

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Orange County Prof. Firefighters Mailing Address 4005 N. Orange Blossom Trail City State Zip Code Orlando FL 32804 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00 | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 Transaction ID: C-2335-005P02 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|---|--|---|

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3250.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 87 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

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

Mailing Address 8404 Indian Hills Drive

City State Zip Code
Omaha NE 68114

FEC ID number of contributing federal political committee. **C** C00103903

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: C-2496-01oR01

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Salem Communications Corp. PAC

Mailing Address 4880 Santa Rosa Road, #300

City State Zip Code
Camarillo CA 93012

FEC ID number of contributing federal political committee. **C** C00321158

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: C-2684-019e03

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address P.O. Box 3790

City State Zip Code
Bellevue FL 34421

FEC ID number of contributing federal political committee. **C** C00359984

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: C-2871-01PW02

Amount of Each Receipt this Period
1000.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 16 / 87 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Southwest Airlines Co. Freedom Fund

Mailing Address P.O. Box 36611

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Dallas | TX | 75235 |

FEC ID number of contributing federal political committee. **C** C00341602

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: C-2873-01o501

Amount of Each Receipt this Period
500.00

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

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 500.00 |
| TOTAL This Period (last page this line number only) | ▶ | 30500.00 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 87 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Mitchell A. Arnold

Mailing Address 1087 Edmiston Place

City State Zip Code
Longwood FL 32779

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

Name of Employer Occupation
KRB Investments, Inc. president

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: C-161-00m302

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Ramon A. Arrufat

Mailing Address 701 Adidas Road

City State Zip Code
Winter Springs FL 32708

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

Name of Employer Occupation
Becton Environmental & Research Labs environmental svcs.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: C-165-00iN03

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Diana P. Barnes

Mailing Address 7 Isle of Sicily

City State Zip Code
Winter Park FL 32789

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

Name of Employer Occupation
n/a homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: C-241-01oF01

Amount of Each Receipt this Period
500.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 87 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

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

Mailing Address 1031 W. Morse Blvd., #300

City State Zip Code
Winter Park FL 32789

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

Name of Employer BankFirst Occupation banker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: C-243-018X03

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
William S. Berk

Mailing Address 7360 S.W. 133 Terrace

City State Zip Code
Miami FL 33156

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

Name of Employer Berk Merchant & Sims PLC Occupation attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C-306-01o101

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 6445 S. Mitchell Manor Circle

City State Zip Code
Miami FL 33156

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

Name of Employer Capital Realty Services Inc. Occupation real estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C-308-01oi01

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 87 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Gerald L. Berry

Mailing Address 1630 Tiverton Street

City State Zip Code
Winter Springs FL 32708

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

Name of Employer Occupation
Covenant Aviation Security president

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: C-310-01iV02

Amount of Each Receipt this Period
250.00

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

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

Mailing Address P. O. Box 4920

City State Zip Code
Orlando FL 32802

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

Name of Employer Occupation
CNL Financial Group, Inc. president

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: C-372-019d02

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 4711 Van Kleeck Drive

City State Zip Code
New Smyrna Beach FL 32169

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

Name of Employer Occupation
n/a retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: C-389-00Mn02

Amount of Each Receipt this Period
500.00

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

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 87 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

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

Mailing Address 5517 Palm Lake Circle

City State Zip Code
Orlando FL 32819

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

Name of Employer n/a Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: C-411-00hZ02

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mark S. Callahan

Mailing Address 1431 Nottingham Street

City State Zip Code
Orlando FL 32803

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

Name of Employer CH2M Hill Occupation engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

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

Transaction ID: C-498-005G05

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Richard L. Campbell

Mailing Address 3887 Goshawk Place

City State Zip Code
Titusville FL 32796

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

Name of Employer Wyle Labs Occupation manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

350.00

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

Transaction ID: C-505-01h002

Amount of Each Receipt this Period
100.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 87 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Don Cerenzio

Mailing Address 109 Spring Creek Lane

City State Zip Code
Winter Springs FL 32708

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

Name of Employer self-employed Occupation insurance agent

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 596.00

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

Transaction ID: C-563-00TM05

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
DJKJ Family Limited Partnership

Mailing Address 3240 Carla Street

City State Zip Code
Orlando FL 32806

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

Name of Employer n/a Occupation partnership

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

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

Transaction ID: C-741-01o801

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Christopher B. Denion

Mailing Address 311 Live Oak Blvd.

City State Zip Code
Sanford FL 32773

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

Name of Employer Florida Hospital Medical Center Occupation registered nurse

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 298.00

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

Transaction ID: C-811-01Rn05

Amount of Each Receipt this Period
50.00

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 550.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 87 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Deno P. Dikeou Mailing Address 549 Wymore Road North City Maitland State FL Zip Code 32751 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 Transaction ID: C-834-01oB01 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer: Dikeou Realty Occupation: attorney Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00 | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Pamela A. Dingess Mailing Address P. O. Box 487 City Winter Park State FL Zip Code 32790 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 Transaction ID: C-836-014n07 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer: self-employed Occupation: investor Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00 | | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Christopher E. Dorworth Mailing Address 1520 Whitetable Court City Heathrow State FL Zip Code 32746 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 Transaction ID: C-854-01en03 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer: Dorworth Property Group, LLC Occupation: real estate developer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1750.00 | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1250.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 87 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. John W. Dowd | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 |
| Mailing Address 777 S. Flagler Drive, #1101E | | Transaction ID: C-860-01o601 |
| City State Zip Code West Palm Beach FL 33401 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Goodman Company Occupation senior vice president | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. John W. Dowd | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 |
| Mailing Address 777 S. Flagler Drive, #1101E | | Transaction ID: C-861-01o602 |
| City State Zip Code West Palm Beach FL 33401 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Goodman Company Occupation senior vice president | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Kathleen A. Droessler | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 |
| Mailing Address 7500 Waunatta Court | | Transaction ID: C-875-01Jy0B |
| City State Zip Code Winter Park FL 32792 | Amount of Each Receipt this Period 30.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer n/a Occupation retired | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 306.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1030.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 87 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Lisa H. Enfield | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 8040 Peters Road, #H-107 | | Transaction ID: C-936-01oj01 | |
| City State Zip Code Plantation FL 33324 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer self-employed Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation attorney Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. Thomas R. Esdale | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 | |
| Mailing Address 1546 Tally Circle | | Transaction ID: C-947-00hu04 | |
| City State Zip Code Oviedo FL 32765 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Realty Executives of Florida Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation owner Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Geraldine M. Ferris | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 | |
| Mailing Address 2118 Lake Drive | | Transaction ID: C-1033-00UG09 | |
| City State Zip Code Winter Park FL 32789 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer self-employed Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation dentist Election Cycle-to-Date ▼ 1650.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1350.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 87 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Raymond K. Ferwerda

Mailing Address 5001-A1 Pilgrims Pathway

City Tampa State FL Zip Code 33611

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

Name of Employer GS Equipment Occupation c.e.o.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

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

Transaction ID: C-1039-014609

Amount of Each Receipt this Period
 100.00

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

B. Full Name (Last, First, Middle Initial)
Andrew H. Fiske

Mailing Address 5821 Hollywood Blvd., #200

City Hollywood State FL Zip Code 33021

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

Name of Employer Fiske and Company Occupation owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C-1063-01om01

Amount of Each Receipt this Period
 1000.00

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

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

Mailing Address 6454 Dora Drive

City Mount Dora State FL Zip Code 32757

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

Name of Employer self-employed Occupation physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: C-1079-00KD09

Amount of Each Receipt this Period
 100.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1200.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 / 87 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. W. Lee Gaines | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 6 Bowen Mill Road | | Transaction ID: C-1161-00la03 | |
| City State Zip Code Baltimore MD 21212 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Occupation Gaines & Co. contractor | Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Charles Getz | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 | |
| Mailing Address 333 University Place | | Transaction ID: C-1199-01os01 | |
| City State Zip Code Grosse Pointe MI 48230 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Occupation Detroit Oxygen & Medical Equipment owner | Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Jimmy Goff | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 | |
| Mailing Address 1538 Place Picardy | | Transaction ID: C-1232-005H08 | |
| City State Zip Code Winter Park FL 32789 | Amount of Each Receipt this Period 2000.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Occupation ZHA, Inc. general consultant | Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2550.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 / 87 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Tom Harb

Mailing Address 3026 Porto Lago Court

City State Zip Code
Windermere FL 34786

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

Name of Employer Harbco Development Occupation president

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: C-1368-01TZ03

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Jeffrey M. Herman

Mailing Address 18205 Biscayne Blvd., #2218

City State Zip Code
Miami FL 33160

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

Name of Employer Herman & Mermelstein Occupation attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2006

Transaction ID: C-1424-01oq01

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Herman & Mermelstein

Mailing Address 18205 Biscayne Blvd., #2218

City State Zip Code
Miami FL 33160

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

Name of Employer n/a Occupation partnership

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2006

Transaction ID: C-1425-01op01

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 / 87 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Paula J. Hoisington

Mailing Address 426 Bloxam Avenue

City State Zip Code
Clermont FL 34711

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

Name of Employer n/a Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: C-1462-010901

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
John P. Horan

Mailing Address 1612 Wood Duck Drive

City State Zip Code
Winter Springs FL 32708

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

Name of Employer Foley & Lardner Occupation attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1596.00

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

Transaction ID: C-1482-004X0B

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 4329 S. Atlantic Avenue

City State Zip Code
Ponce Inlet FL 32127

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

Name of Employer n/a Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: C-1513-00NS0A

Amount of Each Receipt this Period
50.00

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

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 550.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 / 87 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | | |
|---|--|---|--|
| A. Full Name (Last, First, Middle Initial) L. Samir Jallad | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 518 Genius Drive | | Transaction ID: C-1564-01Yd07 | |
| City State Zip Code Winter Park FL 32789 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Accredited Surety & Casualty | | Occupation surety bonds | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 4500.00 | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) Louis A. Joachim | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 | |
| Mailing Address 2221 Earleaf Court | | Transaction ID: C-1578-01hL03 | |
| City State Zip Code Longwood FL 32779 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Dover International Realty, Inc. | | Occupation real estate broker | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 1500.00 | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) Dean Johnston | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 | |
| Mailing Address 3240 Carla Street | | Transaction ID: C-1598-01o701 | |
| City State Zip Code Orlando FL 32806 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer self-employed | | Occupation physician | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 250.00 | |

[MEMO ITEM]

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1250.00 |
| TOTAL This Period (last page this line number only) | _____ |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 / 87 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Jeffrey R. Jontz | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 |
| Mailing Address 1136 Park North Place | | Transaction ID: C-1615-00Tw02 |
| City State Zip Code Winter Park FL 32789 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Carlton Fields, P.A. attorney | Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Gabriel S. Joseph | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 5417 Buggy Whip Drive | | Transaction ID: C-1617-01iC02 |
| City State Zip Code Centreville VA 20120 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation ccAdvertising president | Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1500.00 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Nur Ullah Khan | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 |
| Mailing Address 9314 Cypress Cove Drive | | Transaction ID: C-1680-00fu02 |
| City State Zip Code Orlando FL 32819 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Gala Enterprises of Central Florida president | Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 / 87 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Deon Long | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 |
| Mailing Address 400 Park Ave., S., #150 | | Transaction ID: C-1840-01oC01 |
| City State Zip Code Winter Park FL 32789 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Ometrias D. Long & Associates | Occupation attorney | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Jorge Lopez | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 |
| Mailing Address 1476 Chippewa Lane | | Transaction ID: C-1845-00w703 |
| City State Zip Code Geneva FL 32732 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Florida Hospital | Occupation physician | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. John S. Lord | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 |
| Mailing Address 1672 Joeline Court | | Transaction ID: C-1846-01oV01 |
| City State Zip Code Winter Park FL 32789 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer n/a | Occupation retired | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 / 87 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Dean H. Maguire

Mailing Address 1516 Briercliff Drive

City State Zip Code
Orlando FL 32806

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

Name of Employer n/a Occupation homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

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

Transaction ID: C-1889-004M03

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 1105 Kensington Park Drive

City State Zip Code
Altamonte Springs FL 32714

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

Name of Employer Meritage Homes Corp. Occupation developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C-1898-01o201

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 20011 N.E. 22nd Avenue

City State Zip Code
North Miami Beach FL 33180

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

Name of Employer Hyman Spector & Mars LLP Occupation attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C-1922-01ok01

Amount of Each Receipt this Period
1000.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 / 87 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Nicolette Mayer

Mailing Address 8392 Twin Lake Drive

City State Zip Code
Boca Raton FL 33496

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

Name of Employer Missing Links, Inc. Occupation marketing

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C-1966-01oo01

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 4970 Cold Harbor Drive

City State Zip Code
Birmingham AL 35223

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

Name of Employer n/a Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C-2042-01oh01

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Charles F. Moehle

Mailing Address 65 Country Club Road

City State Zip Code
Cocoa Beach FL 32931

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

Name of Employer n/a Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C-2109-011y03

Amount of Each Receipt this Period
1000.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 / 87 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Fred A. Moore

Mailing Address 17012 Oak Grove Hill Court

City State Zip Code
Orlando FL 32820

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

Name of Employer R&M Drywall Occupation owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 342.00

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

Transaction ID: C-2126-01NJ03

Amount of Each Receipt this Period
150.00

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

B. Full Name (Last, First, Middle Initial)
Julia M. Morrow

Mailing Address 18 Sixth Avenue

City State Zip Code
Naples FL 34102

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

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: C-2154-01nx02

Amount of Each Receipt this Period
150.00

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

C. Full Name (Last, First, Middle Initial)
Patricia K. Murdock

Mailing Address 100 Worth Avenue

City State Zip Code
Palm Beach FL 33480

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

Name of Employer n/a Occupation homemaker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 205.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: C-2184-01DS06

Amount of Each Receipt this Period
30.00

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 330.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 / 87 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Richard A. Nunis

Mailing Address 6324 Deacon Circle

City State Zip Code
Windermere FL 34786

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

Name of Employer
New Business Solutions, Inc.

Occupation
president

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: C-2305-00Om07

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Thomas O'Hanlon

Mailing Address P. O. Box 621704

City State Zip Code
Oviedo FL 32762

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

Name of Employer
self-employed

Occupation
real estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

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

Transaction ID: C-2311-003y04

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 1055 Kensington Pk. Dr., #208

City State Zip Code
Altamonte Springs FL 32714

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

Name of Employer
Ohab and Company

Occupation
c.p.a.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: C-2322-00nL02

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 / 87 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Yvonne Opfell

Mailing Address 2735 Rouse Road

City State Zip Code
Orlando FL 32817

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

Name of Employer n/a Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: C-2331-00Gj07

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 520 North Island Drive

City State Zip Code
Golden Beach FL 33160

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

Name of Employer United Automobile Insurance Co. Occupation c.e.o.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

Transaction ID: C-2374-00Bv07

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Nancy A. Patterson

Mailing Address 1612 Antiqua Drive

City State Zip Code
Orlando FL 32806

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

Name of Employer n/a Occupation homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 320.00

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

Transaction ID: C-2383-00F104

Amount of Each Receipt this Period
200.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 / 87 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Thomas B. Phillips

Mailing Address 525 Tabatha Drive

City State Zip Code
Osteen FL 32764

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

Name of Employer Occupation
Philco Construction general contractor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: C-2417-00lt04

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Jerry E. Pierce

Mailing Address 2639 Ultra Vista Drive

City State Zip Code
Maitland FL 32751

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

Name of Employer Occupation
Pierce Sales Co., Inc. restaurant equipment

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

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

Transaction ID: C-2429-00ON03

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 4948 Courtyard Loop

City State Zip Code
Winter Springs FL 32708

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

Name of Employer Occupation
self-employed govt. relations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: C-2642-005f02

Amount of Each Receipt this Period
500.00

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

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

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 38 / 87 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Marc D. Shapiro

Mailing Address 609 Atlantic Street

City State Zip Code
Melbourne Beach FL 32951

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

Name of Employer Occupation
NSI Winter Park physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

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

Transaction ID: C-2762-01Id03

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
David H. Simmons

Mailing Address P.O. Box 87

City State Zip Code
Orlando FL 32802

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

Name of Employer Occupation
Debeaubien Knight Simmons attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: C-2794-01oG01

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Guy M. Spearman

Mailing Address 516 Delannoy Avenue

City State Zip Code
Cocoa FL 32922

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

Name of Employer Occupation
Spearman Management lobbyist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5500.00

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

Transaction ID: C-2883-000209

Amount of Each Receipt this Period
500.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2750.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 / 87 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Nicholas J. St. George

Mailing Address 971 Georgia Avenue

City State Zip Code
Winter Park FL 32789

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

Name of Employer n/a Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: C-2895-00oL05

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
G. A. Tucker

Mailing Address 4125 S. Fiske Blvd.

City State Zip Code
Rockledge FL 32955

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

Name of Employer G. A. Tucker & Sons Occupation cattle

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: C-3089-00fs06

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 15105 N.W. 94th Avenue

City State Zip Code
Alachua FL 32615

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

Name of Employer self-employed Occupation nursery owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: C-3181-01oW01

Amount of Each Receipt this Period
500.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1700.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 / 87 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Don Welch | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 | |
| Mailing Address 285 Willow Grove Circle | | Transaction ID: C-3231-010001 | |
| City Henderson | State NV | Zip Code 89014 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer EG&G Technical Services | Occupation business development | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | | |

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) B. Arthur Williams | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 | |
| Mailing Address | | Transaction ID: C-3261-01on01 | |
| City | State | Zip Code | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer | | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) C. Marilyn B. Williams | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 312 Wing Lane | | Transaction ID: C-3269-01ZE03 | |
| City Winter Park | State FL | Zip Code 32789 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer n/a | | Occupation homemaker | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3000.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 / 87 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

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

Mailing Address 3380 S. Park Avenue

City Titusville State FL Zip Code 32780

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

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

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 4 / 2 0 0 6

Transaction ID: C-3297-01o101

Amount of Each Receipt this Period
 200.00

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

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

Mailing Address 3380 S. Park Avenue

City Titusville State FL Zip Code 32780

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

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

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: C-3298-01o102

Amount of Each Receipt this Period
 200.00

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

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

Mailing Address 1455 Lake Berge Road

City Orlando State FL Zip Code 32825

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

Name of Employer n/a Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 246.00

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

Transaction ID: C-3350-00HT09

Amount of Each Receipt this Period
 100.00

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

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 500.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | | | |
|--|------------------------------|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 42 / 87 | |
| | (check only one) | | | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Allen J. McKenna

Mailing Address 110 Palmetto Court

City State Zip Code
Longwood FL 32779

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

Name of Employer Occupation
Ford & Harrison attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: C-3353-00pk02

Amount of Each Receipt this Period
500.00

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

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 500.00 |
| TOTAL This Period (last page this line number only) | ▶ | 36860.00 |

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

| | | |
|--|-------------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 43 / 87 | |
| | (check only one) | |
| <input 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 checked="" type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

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

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
23134.03

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 3 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: C-231-00710x

Amount of Each Receipt this Period
561.48

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

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 561.48 |
| TOTAL This Period (last page this line number only) | ▶ | 561.48 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 44 / 87 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input checked="" type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
National Republican Congressional Comm.

Mailing Address 320 First Street S.E.

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1467.50

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

Transaction ID: C-2254-00ob0h

Amount of Each Receipt this Period
80.00

media production

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

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 80.00 |
| TOTAL This Period (last page this line number only) | ▶ | 80.00 |

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

| | | | | |
|--|------------------------------|------------------------------|--|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 45 / 87 | |
| | (check only one) | | | |
| <input 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 checked="" type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

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

Mailing Address 2420 Hickory Oak Blvd.

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Orlando | FL | 32817 |

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

| | |
|---|-------------------------------------|
| Name of Employer | Occupation |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4150.45 |

Date of Receipt
MM / DD / YYYY
11 / 07 / 2006

Transaction ID: C-2943-01NI01

Amount of Each Receipt this Period
4150.45

refund direct mail svcs.

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 4150.45 |
| TOTAL This Period (last page this line number only) | ▶ | 4150.45 |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. AT&T | | Transaction ID: D33-000B17 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address P. O. Box 78522 | | Amount of Each Disbursement this Period 211.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Phoenix State AZ Zip Code 85062 | Purpose of Disbursement telephone Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Bank of Tampa | | Transaction ID: D146-00710v Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address P. O. Box 1 | | Amount of Each Disbursement this Period 2542.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Tampa State FL Zip Code 33601 | Purpose of Disbursement payroll taxes Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Bank of Tampa | | Transaction ID: D147-00710w Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6 |
| Mailing Address P. O. Box 1 | | Amount of Each Disbursement this Period 1271.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Tampa State FL Zip Code 33601 | Purpose of Disbursement payroll taxes Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4025.50 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 47 / 87

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | | |
|--|--|---|---|
| Full Name (Last, First, Middle Initial) A. BellSouth | | Transaction ID: D184-000A11 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 | |
| Mailing Address P. O. Box 70529 | | Amount of Each Disbursement this Period 453.97 | |
| City Charlotte State NC Zip Code 28272 | Purpose of Disbursement telephone Candidate Name | Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|---|
| Full Name (Last, First, Middle Initial) B. BellSouth | | Transaction ID: D185-000A1J Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6 | |
| Mailing Address P. O. Box 70529 | | Amount of Each Disbursement this Period 283.41 | |
| City Charlotte State NC Zip Code 28272 | Purpose of Disbursement telephone Candidate Name | Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|---|
| Full Name (Last, First, Middle Initial) C. Brevard County Council of Chambers | | Transaction ID: D212-00rA02 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 | |
| Mailing Address 1005 E. Strawbridge Avenue | | Amount of Each Disbursement this Period 250.00 | |
| City Melbourne State FL Zip Code 32901 | Purpose of Disbursement event sponsorship Candidate Name | Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 987.38 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Capitol Hill Club | | Transaction ID: D273-016r0h Date of Disbursement 10 / 19 / 2006 |
| Mailing Address 300 1st Street, S.E. | | Amount of Each Disbursement this Period 113.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20002 | | |
| Purpose of Disbursement meals Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. ChristMas Printing, Inc. | | Transaction ID: D344-01QT0a Date of Disbursement 10 / 19 / 2006 | |
| Mailing Address P. O. Box 604 | | Amount of Each Disbursement this Period 191.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| City Christmas State FL Zip Code 32709 | | | |
| Purpose of Disbursement printing Candidate Name | | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. ChristMas Printing, Inc. | | Transaction ID: D345-01QT0b Date of Disbursement 10 / 19 / 2006 | |
| Mailing Address P. O. Box 604 | | Amount of Each Disbursement this Period 537.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| City Christmas State FL Zip Code 32709 | | | |
| Purpose of Disbursement printing Candidate Name | | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 842.78 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. ChristMas Printing, Inc. | | Transaction ID: D346-01QT0c Date of Disbursement 10 / 27 / 2006 | |
| Mailing Address P. O. Box 604 | | Amount of Each Disbursement this Period 1656.79 | |
| City Christmas State FL Zip Code 32709 | Purpose of Disbursement printing | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. ChristMas Printing, Inc. | | Transaction ID: D347-01QT0d Date of Disbursement 10 / 30 / 2006 | |
| Mailing Address P. O. Box 604 | | Amount of Each Disbursement this Period 5566.11 | |
| City Christmas State FL Zip Code 32709 | Purpose of Disbursement postage | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. ChristMas Printing, Inc. | | Transaction ID: D348-01QT0e Date of Disbursement 10 / 31 / 2006 | |
| Mailing Address P. O. Box 604 | | Amount of Each Disbursement this Period 3435.24 | |
| City Christmas State FL Zip Code 32709 | Purpose of Disbursement printing | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 10658.14 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 50 / 87

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. ChristMas Printing, Inc. | | Transaction ID: D349-01QT0g Date of Disbursement 11 / 06 / 2006 | |
| Mailing Address P. O. Box 604 | | Amount of Each Disbursement this Period 1656.79 | |
| City Christmas State FL Zip Code 32709 | Purpose of Disbursement printing | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Shannon E. Corrado | | Transaction ID: D434-01hx0C Date of Disbursement 10 / 31 / 2006 | |
| Mailing Address 382 Palm Drive | | Amount of Each Disbursement this Period 699.51 | |
| City Oviedo State FL Zip Code 32765 | Purpose of Disbursement salary | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Shannon E. Corrado | | Transaction ID: D435-01hx0D Date of Disbursement 11 / 15 / 2006 | |
| Mailing Address 382 Palm Drive | | Amount of Each Disbursement this Period 699.51 | |
| City Oviedo State FL Zip Code 32765 | Purpose of Disbursement salary | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 3055.81 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. The Donatelli Group | | Transaction ID: D489-00Dy0n Date of Disbursement 10 / 19 / 2006 |
| Mailing Address 118 N. St. Asaph Street | | Amount of Each Disbursement this Period 174.50 |
| City Alexandria State VA Zip Code 22314 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement online fundraising | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. The Donatelli Group | | Transaction ID: D491-00Dy0p Date of Disbursement 11 / 03 / 2006 |
| Mailing Address 118 N. St. Asaph Street | | Amount of Each Disbursement this Period 140.50 |
| City Alexandria State VA Zip Code 22314 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement online fundraising | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Foley & Lardner LLP | | Transaction ID: D726-01Qe04 Date of Disbursement 10 / 27 / 2006 |
| Mailing Address 111 N. Orange Ave., #1800 | | Amount of Each Disbursement this Period 4475.00 |
| City Orlando State FL Zip Code 32802 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement legal services | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4790.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Carissa J. Lawhun | | Transaction ID: D924-016Y0m Date of Disbursement 10 / 31 / 2006 |
| Mailing Address 1950 Wrenfield Lane | | Amount of Each Disbursement this Period 418.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Oviedo State FL Zip Code 32765 | Category/ Type | |
| Purpose of Disbursement salary | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Carissa J. Lawhun | | Transaction ID: D925-016Y0n Date of Disbursement 11 / 15 / 2006 |
| Mailing Address 1950 Wrenfield Lane | | Amount of Each Disbursement this Period 418.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Oviedo State FL Zip Code 32765 | Category/ Type | |
| Purpose of Disbursement salary | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. National Republican Congressional Comm. | | Transaction ID: D990-00ob0p Date of Disbursement 11 / 07 / 2006 |
| Mailing Address 320 First Street S.E. | | Amount of Each Disbursement this Period 80.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20003 | Category/ Type | |
| Purpose of Disbursement * In-Kind->media production | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 917.24 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Network Cafe | | Transaction ID: D999-00Dh01 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6 |
| Mailing Address 4891 Lake Forest Drive | | Amount of Each Disbursement this Period 520.00 |
| City Conyers State GA Zip Code 30094 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement internet/domain renewal Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Orange County Republican Exec. Comm. | | Transaction ID: D1032-01GN06 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 |
| Mailing Address 148 Semoran Blvd. | | Amount of Each Disbursement this Period 1000.00 |
| City Orlando State FL Zip Code 32807 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement election night event Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Patton Boggs LLP | | Transaction ID: D1069-00FU01 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address 2550 M Street, N.W. | | Amount of Each Disbursement this Period 23443.12 |
| City Washington State DC Zip Code 20037 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement legal services Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 24963.12 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Patricia Pennington | | Transaction ID: D1070-01e101 Date of Disbursement 10 / 31 / 2006 |
| Mailing Address 442 Raymond Avenue | | Amount of Each Disbursement this Period 1288.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Longwood State FL Zip Code 32750 | | |
| Purpose of Disbursement salary Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Pepper R. Pennington | | Transaction ID: D1088-01Zd01 Date of Disbursement 11 / 09 / 2006 |
| Mailing Address 1412 N. Rolfe Street, #7 | | Amount of Each Disbursement this Period 251.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Arlington State VA Zip Code 22209 | | |
| Purpose of Disbursement travel Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Pepper R. Pennington | | Transaction ID: D1089-01Zd0J Date of Disbursement 11 / 15 / 2006 |
| Mailing Address 1412 N. Rolfe Street, #7 | | Amount of Each Disbursement this Period 1288.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Arlington State VA Zip Code 22209 | | |
| Purpose of Disbursement salary Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2828.80 |
| 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)
Tom Feeney for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Petty Cash | | Transaction ID: D1101-00Ew0Z Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 1420 Alafaya Trail, #103 | | Amount of Each Disbursement this Period 151.37 |
| City Oviedo State FL Zip Code 32765 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement petty cash-no item. req. Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Petty Cash | | Transaction ID: D1102-00Ew0a Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 |
| Mailing Address 1420 Alafaya Trail, #103 | | Amount of Each Disbursement this Period 194.70 |
| City Oviedo State FL Zip Code 32765 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement petty cash-no item. req. Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Petty Cash | | Transaction ID: D1103-00Ew0b Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6 |
| Mailing Address 1420 Alafaya Trail, #103 | | Amount of Each Disbursement this Period 237.20 |
| City Oviedo State FL Zip Code 32765 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement petty cash-no item. req. Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 583.27 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Public Storage | | Transaction ID: D1120-01IE04 Date of Disbursement 10 / 19 / 2006 |
| Mailing Address 1400 Alafaya Trail | | Amount of Each Disbursement this Period 1.22 |
| City Oviedo State FL Zip Code 32765 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement storage Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Public Storage | | Transaction ID: D1121-01IE05 Date of Disbursement 11 / 01 / 2006 |
| Mailing Address 1400 Alafaya Trail | | Amount of Each Disbursement this Period 318.86 |
| City Oviedo State FL Zip Code 32765 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement storage Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Pyramid Techology, Inc. | | Transaction ID: D1156-00FB0p Date of Disbursement 11 / 15 / 2006 |
| Mailing Address 1420 Alafaya Trail | | Amount of Each Disbursement this Period 450.00 |
| City Oviedo State FL Zip Code 32765 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement office rent Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 770.08 |
| 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 57 / 87

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|--|--|--|
| A. Full Name (Last, First, Middle Initial) James E. Sills | | Transaction ID: D1274-01m402 Date of Disbursement 10 / 31 / 2006 |
| Mailing Address P.O. Box 82303 | | Amount of Each Disbursement this Period 2000.00 |
| City San Diego State CA Zip Code 92138 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement research services Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| B. Full Name (Last, First, Middle Initial) Sprint | | Transaction ID: D1328-00gK0z Date of Disbursement 10 / 31 / 2006 |
| Mailing Address P. O. Box 4181 | | Amount of Each Disbursement this Period 212.14 |
| City Carol Stream State IL Zip Code 60197 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement telephone Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| C. Full Name (Last, First, Middle Initial) Kenneth P. Stackpoole | | Transaction ID: D1329-012801 Date of Disbursement 10 / 19 / 2006 |
| Mailing Address 2411 S. Palmetto Avenue | | Amount of Each Disbursement this Period 725.56 |
| City South Daytona State FL Zip Code 32119 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement see memo entry Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2937.70 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Amber Jewel Catering | | Transaction ID: D1-01na01 Date of Disbursement 10 / 19 / 2006 | |
| Mailing Address 413 Oak Place, #6-E | | Amount of Each Disbursement this Period 725.56 | |
| City Port Orange State FL Zip Code 32127 | Purpose of Disbursement catering | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] Memo | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Strategum Group | | Transaction ID: D1402-01NI0L Date of Disbursement 10 / 24 / 2006 | |
| Mailing Address 2420 Hickory Oak Blvd. | | Amount of Each Disbursement this Period 45500.00 | |
| City Orlando State FL Zip Code 32817 | Purpose of Disbursement direct mail services | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Strategum Group | | Transaction ID: D1403-01NI0M Date of Disbursement 10 / 30 / 2006 | |
| Mailing Address 2420 Hickory Oak Blvd. | | Amount of Each Disbursement this Period 44150.34 | |
| City Orlando State FL Zip Code 32817 | Purpose of Disbursement direct mail services | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 89650.34 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Studio B Productions, Inc. | | Transaction ID: D1406-00FT08 Date of Disbursement 11 / 01 / 2006 | |
| Mailing Address 9008 Marlin Street | | Amount of Each Disbursement this Period 1650.00 | |
| City Cape Canaveral State FL Zip Code 32920 | Purpose of Disbursement media productions Candidate Name Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. The Tarrance Group | | Transaction ID: D1428-00Dt0C Date of Disbursement 10 / 27 / 2006 | |
| Mailing Address 201 N. Union Street, #410 | | Amount of Each Disbursement this Period 19592.00 | |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement survey Candidate Name Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. The Tarrance Group | | Transaction ID: D1429-00Dt0D Date of Disbursement 11 / 06 / 2006 | |
| Mailing Address 201 N. Union Street, #410 | | Amount of Each Disbursement this Period 7391.00 | |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement survey Candidate Name Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 28633.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Jason T. Teaman | | Transaction ID: D1455-01Ze0L Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 6735 Edgeworth Drive | | Amount of Each Disbursement this Period 131.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Orlando State FL Zip Code 32819 | | |
| Purpose of Disbursement telephone Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Jason T. Teaman | | Transaction ID: D1456-01Ze0M Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address 6735 Edgeworth Drive | | Amount of Each Disbursement this Period 1357.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Orlando State FL Zip Code 32819 | | |
| Purpose of Disbursement salary Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Jason T. Teaman | | Transaction ID: D1457-01Ze0N Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 |
| Mailing Address 6735 Edgeworth Drive | | Amount of Each Disbursement this Period 960.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Orlando State FL Zip Code 32819 | | |
| Purpose of Disbursement see memo entries Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2448.65 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. U.S. Postal Service

Full Name (Last, First, Middle Initial)
Mailing Address 83 Geneva Drive

City Oviedo State FL Zip Code 32765

Purpose of Disbursement postage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: D1-000S2c

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

480.00

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

[MEMO ITEM]

Memo

B. U.S. Postal Service

Full Name (Last, First, Middle Initial)
Mailing Address 83 Geneva Drive

City Oviedo State FL Zip Code 32765

Purpose of Disbursement postage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: D2-000S2d

Date of Disbursement

10 / 28 / 2006

Amount of Each Disbursement this Period

480.00

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

[MEMO ITEM]

Memo

C. Jason T. Teaman

Full Name (Last, First, Middle Initial)
Mailing Address 6735 Edgeworth Drive

City Orlando State FL Zip Code 32819

Purpose of Disbursement salary

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: D1458-01Ze00

Date of Disbursement

11 / 15 / 2006

Amount of Each Disbursement this Period

1357.46

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

SUBTOTAL of Disbursements This Page (optional) ▶

1357.46

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 62 / 87

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Tele Town-Hall Services | | Transaction ID: D1460-01oK01 Date of Disbursement 10 / 31 / 2006 |
| Mailing Address 5101 MacArthur Blvd., N.W., #200 | | Amount of Each Disbursement this Period 2961.00 |
| City Washington State DC Zip Code 20016 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement telephone calls Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. U.S. Postal Service | | Transaction ID: D1581-000S2S Date of Disbursement 10 / 20 / 2006 |
| Mailing Address 83 Geneva Drive | | Amount of Each Disbursement this Period 1207.64 |
| City Oviedo State FL Zip Code 32765 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement postage Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. U.S. Postal Service | | Transaction ID: D1583-000S2U Date of Disbursement 10 / 31 / 2006 |
| Mailing Address 83 Geneva Drive | | Amount of Each Disbursement this Period 780.00 |
| City Oviedo State FL Zip Code 32765 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement postage Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4948.64 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. U.S. Postal Service | | Transaction ID: D1584-000S2V Date of Disbursement 11 / 01 / 2006 |
| Mailing Address 83 Geneva Drive | | Amount of Each Disbursement this Period 4315.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Oviedo State FL Zip Code 32765 | | |
| Purpose of Disbursement postage Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. U.S. Postal Service | | Transaction ID: D1596-000S2h Date of Disbursement 10 / 20 / 2006 | |
| Mailing Address 83 Geneva Drive | | Amount of Each Disbursement this Period 1950.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| City Oviedo State FL Zip Code 32765 | | | |
| Purpose of Disbursement postage Candidate Name | | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. United Parcel Service | | Transaction ID: D1643-00j30L Date of Disbursement 10 / 19 / 2006 | |
| Mailing Address P. O. Box 7247-0244 | | Amount of Each Disbursement this Period 144.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| City Philadelphia State PA Zip Code 19170 | | | |
| Purpose of Disbursement delivery Candidate Name | | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6409.69 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. United Parcel Service | | Transaction ID: D1644-00j30M Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address P. O. Box 7247-0244 | | Amount of Each Disbursement this Period 153.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Philadelphia State PA Zip Code 19170 | | |
| Purpose of Disbursement delivery Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. United Parcel Service | | Transaction ID: D1645-00j30N Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 |
| Mailing Address P. O. Box 7247-0244 | | Amount of Each Disbursement this Period 135.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Philadelphia State PA Zip Code 19170 | | |
| Purpose of Disbursement delivery Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Verizon Wireless | | Transaction ID: D1687-01Nm0c Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address P. O. Box 660108 | | Amount of Each Disbursement this Period 262.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Dallas State TX Zip Code 75266 | | |
| Purpose of Disbursement telephone Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 551.44 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Transaction ID: D1688-01Nm0d Date of Disbursement 10 / 19 / 2006 |
| Mailing Address P. O. Box 660108 | | Amount of Each Disbursement this Period 177.87 |
| City Dallas State TX Zip Code 75266 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement telephone Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Verizon Wireless | | Transaction ID: D1692-01Nm0h Date of Disbursement 11 / 09 / 2006 |
| Mailing Address P. O. Box 660108 | | Amount of Each Disbursement this Period 288.43 |
| City Dallas State TX Zip Code 75266 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement telephone Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Verizon Wireless | | Transaction ID: D1693-01Nm0i Date of Disbursement 11 / 09 / 2006 |
| Mailing Address P. O. Box 660108 | | Amount of Each Disbursement this Period 198.70 |
| City Dallas State TX Zip Code 75266 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement telephone Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 665.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|---|---|---|
| <p>A. Visa</p> <p>Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 30131</p> | | <p>Transaction ID: D1724-00Dj0x Date of Disbursement 10 / 31 / 2006</p> |
| <p>City Tampa State FL Zip Code 33630</p> <p>Purpose of Disbursement see memo entries</p> <p>Candidate Name</p> | | <p>Amount of Each Disbursement this Period 9248.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Category/Type</p> |

| | | |
|---|---|---|
| <p>B. The Apopka Chief</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 439 W. Main Street</p> | | <p>Transaction ID: D1-00op04 Date of Disbursement 10 / 31 / 2006</p> |
| <p>City Apopka State FL Zip Code 32712</p> <p>Purpose of Disbursement advertising 10/2/06</p> <p>Candidate Name</p> | | <p>Amount of Each Disbursement this Period 2241.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Category/Type</p> <p>[MEMO ITEM] Credit Card Item</p> |

| | | |
|---|---|--|
| <p>C. Best Buy</p> <p>Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 9312</p> | | <p>Transaction ID: D2-000F0A Date of Disbursement 10 / 31 / 2006</p> |
| <p>City Minneapolis State MN Zip Code 55440</p> <p>Purpose of Disbursement office equipment 9/27/06</p> <p>Candidate Name</p> | | <p>Amount of Each Disbursement this Period 274.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Category/Type</p> <p>[MEMO ITEM] Credit Card Item</p> |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>9248.42</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Epiphany Productions, Inc. | | Transaction ID: D8-01PV04 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address 104 E. Hume Avenue | | Amount of Each Disbursement this Period 650.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22301 | Purpose of Disbursement catering 10/11/06 Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] Credit Card Item |

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|--|--|---|
| Full Name (Last, First, Middle Initial) B. FedEx | | Transaction ID: D9-00B064 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address P. O. Box 94515 | | Amount of Each Disbursement this Period 18.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Palatine State IL Zip Code 60094 | Purpose of Disbursement delivery 10/1/06 Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] Credit Card Item |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. FedEx | | Transaction ID: D10-00B065 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address P. O. Box 94515 | | Amount of Each Disbursement this Period 16.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Palatine State IL Zip Code 60094 | Purpose of Disbursement delivery 10/5/06 Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] Credit Card Item |

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| 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)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. FedEx | | Transaction ID: D11-00B066 Date of Disbursement 10 / 31 / 2006 | |
| Mailing Address P. O. Box 94515 | | Amount of Each Disbursement this Period 18.36 | |
| City Palatine State IL Zip Code 60094 | Purpose of Disbursement delivery 10/8/06 Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. FedEx | | Transaction ID: D12-00B067 Date of Disbursement 10 / 31 / 2006 | |
| Mailing Address P. O. Box 94515 | | Amount of Each Disbursement this Period 15.96 | |
| City Palatine State IL Zip Code 60094 | Purpose of Disbursement delivery 10/12/06 Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. FedEx | | Transaction ID: D13-00B068 Date of Disbursement 10 / 31 / 2006 | |
| Mailing Address P. O. Box 94515 | | Amount of Each Disbursement this Period 8.91 | |
| City Palatine State IL Zip Code 60094 | Purpose of Disbursement delivery 10/13/06 Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| 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)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. FedEx | | Transaction ID: D14-00B069 Date of Disbursement 10 / 31 / 2006 | |
| Mailing Address P. O. Box 94515 | | Amount of Each Disbursement this Period 9.06 | |
| City Palatine State IL Zip Code 60094 | Purpose of Disbursement delivery 10/13/06 Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. FedEx | | Transaction ID: D15-00B06A Date of Disbursement 10 / 31 / 2006 | |
| Mailing Address P. O. Box 94515 | | Amount of Each Disbursement this Period 8.91 | |
| City Palatine State IL Zip Code 60094 | Purpose of Disbursement delivery 10/13/06 Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. FedEx | | Transaction ID: D16-00B06B Date of Disbursement 10 / 31 / 2006 | |
| Mailing Address P. O. Box 94515 | | Amount of Each Disbursement this Period 14.36 | |
| City Palatine State IL Zip Code 60094 | Purpose of Disbursement delivery 10/15/06 Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| 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 70 / 87

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Froggers Bar and Grill | | Transaction ID: D19-00FD0B Date of Disbursement 10 / 31 / 2006 |
| Mailing Address 27 Alafaya Woods Blvd. | | Amount of Each Disbursement this Period 23.58 |
| City Oviedo State FL Zip Code 32765 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement meals 9/25/06 Candidate Name | Category/Type | [MEMO ITEM] Credit Card Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Gino's Italian Restaurant | | Transaction ID: D20-01lq06 Date of Disbursement 10 / 31 / 2006 |
| Mailing Address 43 Alafaya Woods Blvd. | | Amount of Each Disbursement this Period 46.36 |
| City Oviedo State FL Zip Code 32765 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement meals 10/2/06 Candidate Name | Category/Type | [MEMO ITEM] Credit Card Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. The Oviedo Voice | | Transaction ID: D25-00ot03 Date of Disbursement 10 / 31 / 2006 |
| Mailing Address 950 N. Central Avenue | | Amount of Each Disbursement this Period 1078.75 |
| City Oviedo State FL Zip Code 32765 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement advertising 9/21/06 Candidate Name | Category/Type | [MEMO ITEM] Credit Card Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|---|--|---|
| A. Public Storage Full Name (Last, First, Middle Initial) Mailing Address 1400 Alafaya Trail City Oviedo State FL Zip Code 32765 Purpose of Disbursement storage 9/21/06 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D26-01IE06 Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 31.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item |
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| B. Publix Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 407 City Lakeland State FL Zip Code 33802 Purpose of Disbursement food & beverage 10/13/06 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D27-01QO06 Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 240.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item |
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| C. Publix Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 407 City Lakeland State FL Zip Code 33802 Purpose of Disbursement food & beverage 10/16/06 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D28-01QO07 Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 23.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item |
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| 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)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|--|--|--|
| A. Signworks Full Name (Last, First, Middle Initial) Mailing Address 88 S. Central Avenue City Oviedo State FL Zip Code 32765 Purpose of Disbursement signs 9/19/06 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D30-00FR04 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 128.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item |
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| B. Staples Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 9020 City Des Moines State IA Zip Code 50368 Purpose of Disbursement office supplies 9/20/06 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D31-002n0b Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 47.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item |
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| C. Staples Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 9020 City Des Moines State IA Zip Code 50368 Purpose of Disbursement office supplies 9/29/06 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D32-002n0c Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 134.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item |
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| 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)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|---|--|--|
| <p>A. Staples</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address P. O. Box 9020</p> <p>City Des Moines State IA Zip Code 50368</p> <p>Purpose of Disbursement office supplies 9/30/06</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: D33-002n0d</p> <p>Date of Disbursement</p> <p>10 / 31 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>136.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Credit Card Item</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

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| <p>B. Staples</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address P. O. Box 9020</p> <p>City Des Moines State IA Zip Code 50368</p> <p>Purpose of Disbursement office supplies 10/10/06</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: D34-002n0e</p> <p>Date of Disbursement</p> <p>10 / 31 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>24.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Credit Card Item</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

| | | |
|---|--|---|
| <p>C. Staples</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address P. O. Box 9020</p> <p>City Des Moines State IA Zip Code 50368</p> <p>Purpose of Disbursement office supplies 9/21/06</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: D35-002n0f</p> <p>Date of Disbursement</p> <p>10 / 31 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>67.73</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Credit Card Item</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>0.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Tortilla Coast | | Transaction ID: D39-00UI03 Date of Disbursement 10 / 31 / 2006 |
| Mailing Address 400 1st Street, S.E. | | Amount of Each Disbursement this Period 670.18 |
| City Washington State DC Zip Code 20003 | Purpose of Disbursement fundraising 9/27/06 Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] Credit Card Item |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. U.S. Postal Service | | Transaction ID: D40-000S2W Date of Disbursement 10 / 31 / 2006 |
| Mailing Address 83 Geneva Drive | | Amount of Each Disbursement this Period 78.00 |
| City Oviedo State FL Zip Code 32765 | Purpose of Disbursement postage 9/21/06 Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] Credit Card Item |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. U.S. Postal Service | | Transaction ID: D41-000S2X Date of Disbursement 10 / 31 / 2006 |
| Mailing Address 83 Geneva Drive | | Amount of Each Disbursement this Period 390.00 |
| City Oviedo State FL Zip Code 32765 | Purpose of Disbursement postage 10/2/06 Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] Credit Card Item |

| | |
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| 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)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. U.S. Postal Service | | Transaction ID: D42-000S2Y Date of Disbursement 10 / 31 / 2006 |
| Mailing Address 83 Geneva Drive | | Amount of Each Disbursement this Period 1170.00 |
| City Oviedo State FL Zip Code 32765 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement postage 10/2/06 Candidate Name | Category/Type | [MEMO ITEM] Credit Card Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. U.S. Postal Service | | Transaction ID: D43-000S2Z Date of Disbursement 10 / 31 / 2006 |
| Mailing Address 83 Geneva Drive | | Amount of Each Disbursement this Period 390.00 |
| City Oviedo State FL Zip Code 32765 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement postage 10/3/06 Candidate Name | Category/Type | [MEMO ITEM] Credit Card Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. U.S. Postal Service | | Transaction ID: D44-000S2a Date of Disbursement 10 / 31 / 2006 |
| Mailing Address 83 Geneva Drive | | Amount of Each Disbursement this Period 390.00 |
| City Oviedo State FL Zip Code 32765 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement postage 10/3/06 Candidate Name | Category/Type | [MEMO ITEM] Credit Card Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. U.S. Postal Service | | Transaction ID: D45-000S2b Date of Disbursement 10 / 31 / 2006 | |
| Mailing Address 83 Geneva Drive | | Amount of Each Disbursement this Period 118.00 | |
| City Oviedo State FL Zip Code 32765 | Purpose of Disbursement postage 10/16/06 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] Credit Card Item | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. UCF Athletic Ticket Office | | Transaction ID: D46-01oZ01 Date of Disbursement 10 / 31 / 2006 | |
| Mailing Address P.O. Box 163555 | | Amount of Each Disbursement this Period 245.00 | |
| City University Of Cent State FL Zip Code 32816 | Purpose of Disbursement tickets 9/20/06 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] Credit Card Item | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Verizon Wireless | | Transaction ID: D47-01Nm0f Date of Disbursement 10 / 31 / 2006 | |
| Mailing Address P. O. Box 660108 | | Amount of Each Disbursement this Period 15.35 | |
| City Dallas State TX Zip Code 75266 | Purpose of Disbursement telephone 9/18/06 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] Credit Card Item | |

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| 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)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | | |
|--|--|--|---|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Transaction ID: D48-01Nm0g Date of Disbursement 10 / 31 / 2006 | |
| Mailing Address P. O. Box 660108 | | Amount of Each Disbursement this Period 11.10 | |
| City Dallas State TX Zip Code 75266 | Purpose of Disbursement telephone 9/25/06 | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | [MEMO ITEM] Credit Card Item | | |

| | | | |
|--|--|--|---|
| Full Name (Last, First, Middle Initial) B. Visa | | Transaction ID: D49-00Dj0y Date of Disbursement 10 / 31 / 2006 | |
| Mailing Address P. O. Box 30131 | | Amount of Each Disbursement this Period 76.64 | |
| City Tampa State FL Zip Code 33630 | Purpose of Disbursement finance charges 10/18/06 | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | [MEMO ITEM] Credit Card Item | | |

| | | | |
|--|--|--|---|
| Full Name (Last, First, Middle Initial) C. Visa | | Transaction ID: D1726-00Dj0z Date of Disbursement 11 / 27 / 2006 | |
| Mailing Address P. O. Box 30131 | | Amount of Each Disbursement this Period 5863.96 | |
| City Tampa State FL Zip Code 33630 | Purpose of Disbursement see memo entries | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5863.96 |
| 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)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|--|---|--|
| <p>A. Incredibly Edible Catering</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1321 Sligh Boulevard</p> | | <p>Transaction ID: D29-01p001 Date of Disbursement 10 / 20 / 2006</p> |
| <p>City Orlando State FL Zip Code 32806</p> | <p>Purpose of Disbursement catering</p> | <p>Amount of Each Disbursement this Period 695.40</p> |
| <p>Candidate Name</p> | <p>Category/Type</p> | <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>[MEMO ITEM] Credit Card Item</p> |

| | | |
|--|---|--|
| <p>B. Marriott Hotels Orlando</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 400 W. Livingston Street</p> | | <p>Transaction ID: D32-016J08 Date of Disbursement 11 / 09 / 2006</p> |
| <p>City Orlando State FL Zip Code 32801</p> | <p>Purpose of Disbursement election night expenses</p> | <p>Amount of Each Disbursement this Period 393.75</p> |
| <p>Candidate Name</p> | <p>Category/Type</p> | <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>[MEMO ITEM] Credit Card Item</p> |

| | | |
|--|---|--|
| <p>C. Marriott Hotels Orlando</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 400 W. Livingston Street</p> | | <p>Transaction ID: D33-016J09 Date of Disbursement 11 / 12 / 2006</p> |
| <p>City Orlando State FL Zip Code 32801</p> | <p>Purpose of Disbursement gifts</p> | <p>Amount of Each Disbursement this Period 4.34</p> |
| <p>Candidate Name</p> | <p>Category/Type</p> | <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>[MEMO ITEM] Credit Card Item</p> |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>0.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. The Sign Factory | | Transaction ID: D42-01ov01 Date of Disbursement 11 / 02 / 2006 |
| Mailing Address 711 Bluford Avenue South | | Amount of Each Disbursement this Period 644.33 |
| City Ocoee State FL Zip Code 34761 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement sign supplies Candidate Name | | [MEMO ITEM] Credit Card Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Staples | | Transaction ID: D44-002n0g Date of Disbursement 10 / 23 / 2006 |
| Mailing Address P. O. Box 9020 | | Amount of Each Disbursement this Period 12.78 |
| City Des Moines State IA Zip Code 50368 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement office supplies Candidate Name | | [MEMO ITEM] Credit Card Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Staples | | Transaction ID: D45-002n0h Date of Disbursement 10 / 25 / 2006 |
| Mailing Address P. O. Box 9020 | | Amount of Each Disbursement this Period 69.62 |
| City Des Moines State IA Zip Code 50368 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement office supplies Candidate Name | | [MEMO ITEM] Credit Card Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Staples | | Transaction ID: D46-002n0i Date of Disbursement 10 / 30 / 2006 | |
| Mailing Address P. O. Box 9020 | | Amount of Each Disbursement this Period 57.77 | |
| City Des Moines State IA Zip Code 50368 | Purpose of Disbursement office supplies Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Staples | | Transaction ID: D47-002n0j Date of Disbursement 10 / 31 / 2006 | |
| Mailing Address P. O. Box 9020 | | Amount of Each Disbursement this Period 854.45 | |
| City Des Moines State IA Zip Code 50368 | Purpose of Disbursement office equipment Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Staples | | Transaction ID: D48-002n0k Date of Disbursement 11 / 04 / 2006 | |
| Mailing Address P. O. Box 9020 | | Amount of Each Disbursement this Period 25.22 | |
| City Des Moines State IA Zip Code 50368 | Purpose of Disbursement office supplies Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item | |

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| 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)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. U.S. Postal Service | | Transaction ID: D51-000S2e Date of Disbursement 10 / 31 / 2006 | |
| Mailing Address 83 Geneva Drive | | Amount of Each Disbursement this Period 780.00 | |
| City Oviedo State FL Zip Code 32765 | Purpose of Disbursement postage Candidate Name Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] Credit Card Item | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. U.S. Postal Service | | Transaction ID: D52-000S2f Date of Disbursement 10 / 31 / 2006 | |
| Mailing Address 83 Geneva Drive | | Amount of Each Disbursement this Period 49.14 | |
| City Oviedo State FL Zip Code 32765 | Purpose of Disbursement postage Candidate Name Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] Credit Card Item | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. U.S. Postal Service | | Transaction ID: D53-000S2g Date of Disbursement 11 / 01 / 2006 | |
| Mailing Address 83 Geneva Drive | | Amount of Each Disbursement this Period 72.00 | |
| City Oviedo State FL Zip Code 32765 | Purpose of Disbursement postage Candidate Name Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] Credit Card Item | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | |
|---|--|--|
| A. Verizon Wireless Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 660108 City Dallas State TX Zip Code 75266 Purpose of Disbursement telephone 10/9/06 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D55-01Nm0j Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 9.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit Card Item |
|---|--|--|

| | | |
|--|--|---|
| B. Robert Watkins & Company Full Name (Last, First, Middle Initial) Mailing Address 610 S. Boulevard City Tampa State FL Zip Code 33606 Purpose of Disbursement accounting services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D1771-002s0z Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

| | | |
|--|--|---|
| C. Robert Watkins & Company Full Name (Last, First, Middle Initial) Mailing Address 610 S. Boulevard City Tampa State FL Zip Code 33606 Purpose of Disbursement accounting services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D1772-002s10 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 5653.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 7653.44 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Thea L. White | | Transaction ID: D1781-01IG04 Date of Disbursement 10 / 31 / 2006 | |
| Mailing Address 7486 Whisperwood Drive | | Amount of Each Disbursement this Period 267.98 | |
| City Winter Park State FL Zip Code 32792 | Purpose of Disbursement salary | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Thea L. White | | Transaction ID: D1782-01IG05 Date of Disbursement 10 / 31 / 2006 | |
| Mailing Address 7486 Whisperwood Drive | | Amount of Each Disbursement this Period 77.13 | |
| City Winter Park State FL Zip Code 32792 | Purpose of Disbursement travel | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Thea L. White | | Transaction ID: D1783-01IG06 Date of Disbursement 11 / 15 / 2006 | |
| Mailing Address 7486 Whisperwood Drive | | Amount of Each Disbursement this Period 267.98 | |
| City Winter Park State FL Zip Code 32792 | Purpose of Disbursement salary | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 613.09 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Winter Park Republican Women

Mailing Address P.O. Box 1323

City Winter Park State FL Zip Code 32790

Purpose of Disbursement event sponsorship

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2006 Primary General Other (specify) ▼

Transaction ID: D1792-01XM02
Date of Disbursement

| | | | | | | | | | |
|--------------|--------------|---|--------------|--------------|---|--------------|--------------|--------------|--------------|
| ^M | ^M | / | ^D | ^D | / | ^Y | ^Y | ^Y | ^Y |
| 1 | 1 | | 0 | 2 | | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

| |
|--------|
| 300.00 |
|--------|

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

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

215702.95

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. L. Samir Jallad | | Transaction ID: D859-01Yd01 Date of Disbursement 10 / 27 / 2006 | |
| Mailing Address 518 Genius Drive | | Amount of Each Disbursement this Period 300.00 | |
| City Winter Park State FL Zip Code 32789 | Purpose of Disbursement contribution refund | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Guy M. Spearman | | Transaction ID: D1289-000203 Date of Disbursement 11 / 06 / 2006 | |
| Mailing Address 516 Delannoy Avenue | | Amount of Each Disbursement this Period 500.00 | |
| City Cocoa State FL Zip Code 32922 | Purpose of Disbursement contribution refund | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | 800.00 |
| TOTAL This Period (last page this line number only) | 800.00 |

**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)

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

Full Name (Last, First, Middle Initial)
A. Orange County Prof. Firefighters

Mailing Address 4005 N. Orange Blossom Trail

City Orlando State FL Zip Code 32804

Purpose of Disbursement
contribution refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D1029-005P02

Date of Disbursement

| | | | | | | | | | |
|--------------|--------------|---|--------------|--------------|---|--------------|--------------|--------------|--------------|
| ^M | ^M | / | ^D | ^D | / | ^Y | ^Y | ^Y | ^Y |
| 1 | 1 | | 0 | 6 | | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

250.00

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

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00

**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)

PAGE 87 / 87

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

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

A. Full Name (Last, First, Middle Initial)
Seminole County Rep. Exec. Comm.

Mailing Address P. O. Box 1643

City Altamonte Springs State FL Zip Code 32715

Purpose of Disbursement contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D1231-01BS04

Date of Disbursement

| | | | | | | | | | |
|--------------|--------------|---|--------------|--------------|---|--------------|--------------|--------------|--------------|
| ^M | ^M | / | ^D | ^D | / | ^Y | ^Y | ^Y | ^Y |
| 1 | 1 | | 0 | 2 | | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

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

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00