

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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Tom Feeney for Congress

Full Name (Last, First, Middle Initial)
A. Citibank

Mailing Address P. O. Box 6575

City The Lakes State NV Zip Code 88901

Purpose of Disbursement
see memo entries

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D01BfD2
Date of Disbursement
10 / 27 / 2005

Amount of Each Disbursement this Period
1241.40

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

Full Name (Last, First, Middle Initial)
B. W Chicago City Center

Mailing Address 172 W. Adams Street

City Chicago State IL Zip Code 60603

Purpose of Disbursement
lodging

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D01Y101
Date of Disbursement
10 / 24 / 2005

Amount of Each Disbursement this Period
1241.40

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. Conservative Victory Fund

Mailing Address 104 N. Carolina S. E.

City Washington State DC Zip Code 20003

Purpose of Disbursement
* In-Kind=blast faxing

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D00g709
Date of Disbursement
12 / 16 / 2005

Amount of Each Disbursement this Period
454.15

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

SUBTOTAL of Disbursements This Page (optional) ► **1695.55**

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