

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Rock City PAC

Full Name (Last, First, Middle Initial)

A. Friends of Connie Mack Inc.

Mailing Address P.O. Box 519

City Naples State FL Zip Code 34106-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
CONNIE MACK

Office Sought: House
 Senate
 President
State: FL District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2012

Transaction ID : 20724.E6372

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Friends of Connie Mack Inc.

Mailing Address P.O. Box 519

City Naples State FL Zip Code 34106-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
CONNIE MACK

Office Sought: House
 Senate
 President
State: FL District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2012

Transaction ID : 20724.E6371

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Charlie Summers for U.S. Senate

Mailing Address P.O. Box 511

City Scarborough State ME Zip Code 04070-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
CHARLES EDWARD SUMMERS JR

Office Sought: House
 Senate
 President
State: ME District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : 20919.E6569

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

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

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

15000.00