24990117050

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 220
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.
Full Name (Last, First, Middle Initial)
Fiorentino, Marty
Mailing Address 712 Great Egret Way
City: Ponte Vedra Beach State: FL Zip Code: 32082
FEC ID number of contributing federal political committee: C
Name of Employer: Fiorentino & Associates
Occupation: owner
Receipt For: 2004
X Primary General
Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 12 15 2003
Transaction ID: C010u01
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)
Flynn, Margaret M.
Mailing Address 320 Park Avenue
City: New York State: NY Zip Code: 10022
FEC ID number of contributing federal political committee: C
Name of Employer: n/a
Occupation: homemaker
Receipt For: 2004
X Primary General
Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 12 10 2003
Transaction ID: C00eX03
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)
Flynn, William J.
Mailing Address 320 Park Avenue
City: New York State: NY Zip Code: 10022
FEC ID number of contributing federal political committee: C
Name of Employer: Mutual of America
Occupation: insurance
Receipt For: 2004
X Primary General
Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 11 28 2003
Transaction ID: C00eW03
Amount of Each Receipt this Period: 2000.00
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ..... ▶ 5000.00

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