

To: Secretary of the Senate
Fax: 202-224-1851

RECEIVED.
SECRETARY OF THE SENATE

12 OCT 31 AM 8:09

From: Friends of Connie Mack
Fax: 202-857-6395

Re: 48 Hour Notice of Contributions - FEC Form 6

Number of pages (including cover): 2

Please send a confirmation fax to the attention of David Satterfield at 202-857-6395.

Should you have any questions or not receive our full transmission, please call David Satterfield at 202-857-6467.

12021061202

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

RECEIVED
SECRETARY OF THE SENATE

(See Reverse Side for instructions)

12 OCT 31 AM 8:09

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election

| | | | |
|---|--|--|---|
| 1. NAME OF COMMITTEE IN FULL Friends of Connie Mack, Inc. | | | |
| ADDRESS (number and street) P.O. Box 619 | | | |
| CITY, STATE, and ZIP CODE Naples FL 34108 | | | |
| 2. NAME OF CANDIDATE Rep. Connie Mack | 3. OFFICE SOUGHT (State and District) Senate FL | 4. FEC IDENTIFICATION NUMBER C00391243 | |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ | | | |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE Ms. Mary McGillicuddy 2820 SE 19th Place Cape Coral FL 33904-4015 | | Name of Employer Lee Memorial Health System Transaction ID : 6C374ABE724844A6E Occupation Attorney | Date (month, day, year) 10/28/2012 Amount 2500.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE | | Name of Employer | Date (month, day, year) Amount |
| | | Occupation | |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE | | Name of Employer | Date (month, day, year) Amount |
| | | Occupation | |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE | | Name of Employer | Date (month, day, year) Amount |
| | | Occupation | |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE | | Name of Employer | Date (month, day, year) Amount |
| | | Occupation | |
| SIGNATURE (optional) Craig Engle | | DATE 10/30/2012 | For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 |

Any information copied from reports and statements filed under the Federal Election Campaign Act 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

FEC FORM 6
(Revised 07/2011)

FE1AN053

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

| | SHIPPING DATE | NEXT BUSINESS DAY DELIVERY |
|------------------|---------------|----------------------------|
| FEDERAL EXPRESS | _____ | <input type="checkbox"/> |
| UPS | _____ | <input type="checkbox"/> |
| DHL | _____ | <input type="checkbox"/> |
| AIRBORNE EXPRESS | _____ | <input type="checkbox"/> |

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

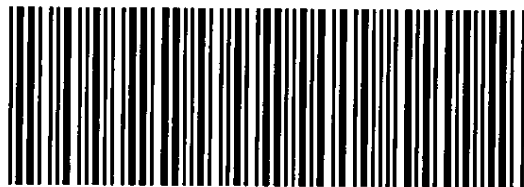
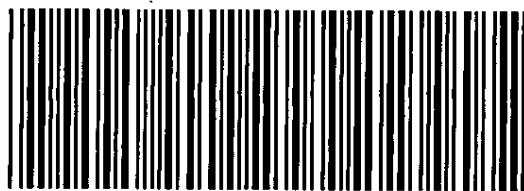
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FAX 10-31-12
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER EDD DATE PREPARED 10-31-12

12021061204



12021061205