

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

Friends of Connie Mack

ADDRESS (number and street) P.O. Box 519

Check if different than previously reported. (ACC)

Naples FL 34106

2. **FEC IDENTIFICATION NUMBER** C00391243

CITY STATE ZIP CODE STATE DISTRICT

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

FL 14

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 _____ in the State of _____

5. Covering Period 11 23 2010 through 12 31 2010

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 Craig Engle

Signature of Treasurer Electronically Filed by Craig Engle Date 01 31 2011

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

Office Use Only							
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FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Friends of Connie Mack

Report Covering the Period:

From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	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)).....	17258.00	20198.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	17258.00	20198.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	43891.30	79077.81
(b) Total Offsets to Operating Expenditures (from Line 14).....	100.00	600.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	43791.30	78477.81
8. Cash on Hand at Close of Reporting Period (from Line 27).....	409003.02	
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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Friends of Connie Mack

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

11850.00

14400.00

(ii) Unitemized.....

408.00

798.00

(iii) TOTAL of contributions

12258.00

15198.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

5000.00

5000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))

17258.00

20198.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

100.00

600.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

17358.00

20798.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

4 / 30

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	43891.30	79077.81
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	13395.00	13395.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	57286.30	92472.81

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	448931.32
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	17358.00
25. SUBTOTAL (add Line 23 and Line 24).....	466289.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	57286.30
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	409003.02

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 30
(check only one)
 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

<p>A. Full Name (Last, First, Middle Initial) Belen Alonso</p> <p>Mailing Address PO Box 19545</p> <p>City State Zip Code Fort Lauderdale FL 33318</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Online Yellow Pages Occupation owner</p> <p>Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 1 0</p> <p>Transaction ID: 01217.C22923</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Simon Auerbach</p> <p>Mailing Address 156 West 86th St #8A</p> <p>City State Zip Code New York NY 10024</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Foros Group Occupation finance</p> <p>Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 1 0</p> <p>Transaction ID: 10110.C22945</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt</p>
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<p>C. Full Name (Last, First, Middle Initial) Barry Cohen</p> <p>Mailing Address 11 Riverside Dr #5NW</p> <p>City State Zip Code New York NY 10023</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Cohen Partners Occupation insurance</p> <p>Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 1 0</p> <p>Transaction ID: 10110.C22943</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt</p>
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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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 30
	<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)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Stuart Feldman	Date of Receipt MM / DD / YYYY 12 / 08 / 2010
	Mailing Address 19 Pine Tree Ln	Transaction ID: 01217.C22924
	City State Zip Code Westhampton NY 11977	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: SDF Capital Occupation: finance Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) Albert Fox	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 47 Black Pine Lane	Transaction ID: 10110.C22947
	City State Zip Code Lumberton NJ 08048	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: Merrill Lynch Occupation: finance Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) John F. Gamba	Date of Receipt MM / DD / YYYY 12 / 16 / 2010
	Mailing Address 6518 Highcroft Dr	Transaction ID: 10110.C22941
	City State Zip Code Naples FL 34119-8420	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: retired Occupation: retired Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	2700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 30
	<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)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Dan Lifshitz		Date of Receipt MM / DD / YYYY 12 / 09 / 2010
	Mailing Address 120 Allwood Place		Transaction ID: 10110.C22946
	City Clifton	State NJ	Zip Code 07012
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Fir Tree Partners		Occupation finance
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	Receipt

B.	Full Name (Last, First, Middle Initial) Kurt Markgraf		Date of Receipt MM / DD / YYYY 12 / 22 / 2010
	Mailing Address 3663 McKinley Ave		Transaction ID: 10110.C22937
	City Fort Myers	State FL	Zip Code 33901-7813
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed		Occupation anesthesiologist
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	Receipt

C.	Full Name (Last, First, Middle Initial) Robert Ratliff III		Date of Receipt MM / DD / YYYY 12 / 22 / 2010
	Mailing Address PO Box 566		Transaction ID: 10110.C22939
	City Sanibel	State FL	Zip Code 33957-0566
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed		Occupation real estate
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	Receipt

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 30
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Kalman Schoor

Mailing Address 226 Franklin St

City State Zip Code
Brooklyn NY 11222

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Acqua Wellington finance

Receipt For: 2012 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

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

Transaction ID: 10110.C22949

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Mara Talpins

Mailing Address 22 Pryer Manor Rd

City State Zip Code
Larchmont NY 10538-3436

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Homemaker homemaker

Receipt For: 2012 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 1 0

Transaction ID: 10110.C22944

Amount of Each Receipt this Period
2400.00

Receipt

C. Full Name (Last, First, Middle Initial)
Aaron Weitman

Mailing Address 1025 Maxwell Lane #706

City State Zip Code
Hoboken NJ 07030

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Appoloosa finance

Receipt For: 2012 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

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

Transaction ID: 10110.C22948

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) 4400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 30	
	(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)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Adam Zirkin

Mailing Address 41-33 42nd St

City State Zip Code
Sunnyside NY 11104

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

Name of Employer Occupation
Harbinger Capital finance

Receipt For: 2012 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	1	0

Transaction ID: 10110.C22942

Amount of Each Receipt this Period

1000.00

Receipt

1000.00

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	11850.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 30
	(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)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) FPL Employees PAC		Date of Receipt
	Mailing Address 801 Pennsylvania Avenue NW Suite 220		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004-2604
	FEC ID number of contributing federal political committee.		Transaction ID: 10110.C22935
	<input type="text" value="C"/> <input type="text" value="C00064774"/>		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="5000.00"/>
Receipt For: 2012		Election Cycle-to-Date ▼	Receipt
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="5000.00"/>

**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)

<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)
Friends of Connie Mack

<p>A. Full Name (Last, First, Middle Initial) Mr. David James</p> <p>Mailing Address 401 12th St S #1102</p> <p>City Arlington State VA Zip Code 22202-</p> <p>Purpose of Disbursement Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01217.E5992</p> <p>Date of Disbursement 12 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>CONSULTING</p>
<p>B. Full Name (Last, First, Middle Initial) Mr. Rob Jennings</p> <p>Mailing Address 501 L St NW</p> <p>City Washington State DC Zip Code 20001-3670</p> <p>Purpose of Disbursement fundraising consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01201.E5910</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>FUNDRAISING CONSULTING</p>
<p>C. Full Name (Last, First, Middle Initial) Mr. Rob Jennings</p> <p>Mailing Address 501 L St NW</p> <p>City Washington State DC Zip Code 20001-3670</p> <p>Purpose of Disbursement Expense Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01217.E5919</p> <p>Date of Disbursement 12 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 639.51</p> <p>EXPENSE REIMBURSEMENT</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4639.51

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)
Friends of Connie Mack

<p>A. Full Name (Last, First, Middle Initial) Mr. Patrick McQuillan</p> <p>Mailing Address 1040 Hampton Cir</p> <p>City Naples State FL Zip Code 34105-4821</p> <p>Purpose of Disbursement fundraising consulting</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01201.E5911</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">500.00</td> </tr> </table> <p>FUNDRAISING CONSULTING</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	1	0	500.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	3	0	/	2	0	1	0													
500.00																						
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P. O. Box 360002</p> <p>City Fort Lauderdale State FL Zip Code 33336-</p> <p>Purpose of Disbursement CREDIT CARD: SEE BELOW</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01217.E5930</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">13103.29</td> </tr> </table> <p>CREDIT CARD: SEE BELOW</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	6	/	2	0	1	0	13103.29
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	0	6	/	2	0	1	0													
13103.29																						
<p>C. Full Name (Last, First, Middle Initial) AT&T Wireless</p> <p>Mailing Address P. O. Box 8229</p> <p>City Aurora State IL Zip Code 60572-</p> <p>Purpose of Disbursement telephone service</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01217.E5931</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">611.60</td> </tr> </table> <p>[MEMO ITEM] MEMO: TELEPHONE SERVICE</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	6	/	2	0	1	0	611.60
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	0	6	/	2	0	1	0													
611.60																						

SUBTOTAL of Disbursements This Page (optional) ▶

13603.29

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

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**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 13 / 30

<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)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) US Airways Mailing Address 7 Park Center City Pittsburgh State PA Zip Code 15220- Purpose of Disbursement air travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01217.E5932 Date of Disbursement 12 / 06 / 2010 Amount of Each Disbursement this Period 990.00 [MEMO ITEM] MEMO: AIR TRAVEL
B.	Full Name (Last, First, Middle Initial) Facebook Advertising Mailing Address online vendor City Washington State DC Zip Code 20036- Purpose of Disbursement advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01217.E5933 Date of Disbursement 12 / 06 / 2010 Amount of Each Disbursement this Period 5531.80 [MEMO ITEM] MEMO: ADVERTISING
C.	Full Name (Last, First, Middle Initial) Delta Air Lines Mailing Address Hartfield Internatl. Airport City Atlanta State GA Zip Code 30320- Purpose of Disbursement air travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01217.E5935 Date of Disbursement 12 / 06 / 2010 Amount of Each Disbursement this Period 598.50 [MEMO ITEM] MEMO: AIR TRAVEL

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)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Hilton Hotels Mailing Address 1751 Hotel Plaza Blvd City Orlando State FL Zip Code 32830- Purpose of Disbursement lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01217.E5937 Date of Disbursement 12 / 06 / 2010 Amount of Each Disbursement this Period 385.97 [MEMO ITEM] MEMO: LODGING
B.	Full Name (Last, First, Middle Initial) FedEx Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement express mail delivery Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01217.E5939 Date of Disbursement 12 / 06 / 2010 Amount of Each Disbursement this Period 417.06 [MEMO ITEM] MEMO: EXPRESS MAIL DELIVE- RY
C.	Full Name (Last, First, Middle Initial) Naples Beach Hotel Mailing Address 851 Gulf Shore Blvd., N. City Naples State FL Zip Code 34102- Purpose of Disbursement lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01217.E5940 Date of Disbursement 12 / 06 / 2010 Amount of Each Disbursement this Period 248.00 [MEMO ITEM] MEMO: LODGING

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

**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)

<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)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Florida Business Information, Inc.	Transaction ID: 01217.E5946 Date of Disbursement																			
	Mailing Address PO Box 193	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	6		2	0	1	0												
	City Bell State CA Zip Code 32619-0193	Amount of Each Disbursement this Period																			
	Purpose of Disbursement newspaper clipping service	<table border="1"><tr><td>125.00</td></tr></table>	125.00																		
125.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] MEMO: NEWSPAPER CLIPPING SERVICE																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

B.	Full Name (Last, First, Middle Initial) Publix	Transaction ID: 01217.E5948 Date of Disbursement																			
	Mailing Address Colonial Crossings 4600 Summerlin Rd	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	6		2	0	1	0												
	City Fort Myers State FL Zip Code 33919-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement supplies for political event	<table border="1"><tr><td>93.58</td></tr></table>	93.58																		
93.58																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] MEMO: SUPPLIES FOR POLITICAL EVENT																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

C.	Full Name (Last, First, Middle Initial) Outback Steakhouse	Transaction ID: 01217.E5951 Date of Disbursement																			
	Mailing Address 12995 S. Cleveland Avenue	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	6		2	0	1	0												
	City Fort Myers State FL Zip Code 33907-	Amount of Each Disbursement this Period																			
	Purpose of Disbursement meals	<table border="1"><tr><td>125.67</td></tr></table>	125.67																		
125.67																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] MEMO: MEALS																			
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Aristotle International

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
campaign software
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 01217.E5956
Date of Disbursement

12 / 06 / 2010

Amount of Each Disbursement this Period

2400.00

[MEMO ITEM]
MEMO: CAMPAIGN SOFTWARE

B.

Full Name (Last, First, Middle Initial)
Heritage Foundation

Mailing Address 214 Massachusetts Ave NE

City Washington State DC Zip Code 20002-

Purpose of Disbursement
campaign gifts
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 01217.E5959
Date of Disbursement

12 / 06 / 2010

Amount of Each Disbursement this Period

364.00

[MEMO ITEM]
MEMO: CAMPAIGN GIFTS

C.

Full Name (Last, First, Middle Initial)
Arent Fox LLP

Mailing Address 1050 Connecticut Ave NW

City Washington State DC Zip Code 20036-5308

Purpose of Disbursement
FEC Campaign Reporting
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 01217.E5926
Date of Disbursement

12 / 06 / 2010

Amount of Each Disbursement this Period

3669.13

FEC CAMPAIGN REPORTING

SUBTOTAL of Disbursements This Page (optional) ▶

3669.13

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 17 / 30

<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)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
AT&T- Cingular Wireless

Transaction ID: 10110.E6002
Date of Disbursement

Mailing Address PO Box 31488

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	1	0

City Tampa State FL Zip Code 33631-3488

Amount of Each Disbursement this Period

299.52

Purpose of Disbursement
telephone service

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

TELEPHONE SERVICE

State: District:

B.

Full Name (Last, First, Middle Initial)
AT&T- Cingular Wireless

Transaction ID: 10110.E6003
Date of Disbursement

Mailing Address PO Box 31488

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	1	0

City Tampa State FL Zip Code 33631-3488

Amount of Each Disbursement this Period

322.68

Purpose of Disbursement
telephone service

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

TELEPHONE SERVICE

State: District:

C.

Full Name (Last, First, Middle Initial)
Auto Owners Inc

Transaction ID: 01217.E5928
Date of Disbursement

Mailing Address Olin Hill & Associates Inc
2804 Del Prado Blvd S Suite 107

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	6	/	2	0	1	0

City Cape Coral State FL Zip Code 33904-7282

Amount of Each Disbursement this Period

205.56

Purpose of Disbursement
campaign car insurance

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

CAMPAIGN CAR INSURANCE

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

827.76

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

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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)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Capital One

Mailing Address P. O. Box 60024

City State Zip Code
City Of Industry CA 91716-

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 01201.E5899
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	1	0

Amount of Each Disbursement this Period

966.99

CREDIT CARD: SEE BELOW

B.

Full Name (Last, First, Middle Initial)
Lee County Republicans

Mailing Address P. O. Box 61465

City State Zip Code
Fort Myers FL 33906-

Purpose of Disbursement
event tickets

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 01201.E5900
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	1	0

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]
MEMO: EVENT TICKETS

C.

Full Name (Last, First, Middle Initial)
Costco

Mailing Address 7171 Cypress Lake Dr

City State Zip Code
Fort Myers FL 33907-6521

Purpose of Disbursement
political event supplies

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 01201.E5905
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	1	0

Amount of Each Disbursement this Period

274.05

[MEMO ITEM]
MEMO: POLITICAL EVENT SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

966.99

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)
Friends of Connie Mack

<p>A. Full Name (Last, First, Middle Initial) Chase Card Services</p> <p>Mailing Address PO Box 15153</p> <p>City Wilmington State DE Zip Code 19886-5153</p> <p>Purpose of Disbursement CREDIT CARD: SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01217.E5961 Date of Disbursement 12 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 5187.14</p> <p>CREDIT CARD: SEE BELOW</p>
<p>B. Full Name (Last, First, Middle Initial) Chase Card Services</p> <p>Mailing Address PO Box 15153</p> <p>City Wilmington State DE Zip Code 19886-5153</p> <p>Purpose of Disbursement annual membership fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01217.E5962 Date of Disbursement 12 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM] MEMO: ANNUAL MEMBERSHIP FEE</p>
<p>C. Full Name (Last, First, Middle Initial) Oceanaire</p> <p>Mailing Address 1201 F. Street NW</p> <p>City Washington State DC Zip Code 20004-</p> <p>Purpose of Disbursement political meal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01217.E5964 Date of Disbursement 12 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1018.08</p> <p>[MEMO ITEM] MEMO: POLITICAL MEAL</p>

SUBTOTAL of Disbursements This Page (optional)	5187.14
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)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Hampton Inn

Mailing Address Multiple Locations

City State Zip Code

Purpose of Disbursement
lodging

Candidate Name

Category/ Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 01217.E5973

Date of Disbursement

^M 1	^M 2	/	^D 0	^D 6	/	^Y 2	^Y 0	^Y 1	^Y 0
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Amount of Each Disbursement this Period

94.35

[MEMO ITEM]
MEMO: LODGING

B.

Full Name (Last, First, Middle Initial)
Shulas Steakhouse

Mailing Address 1143 New Hampshire Ave

City State Zip Code
Washington DC 20037-

Purpose of Disbursement
catering

Candidate Name

Category/ Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 01217.E5978

Date of Disbursement

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

Amount of Each Disbursement this Period

422.66

[MEMO ITEM]
MEMO: CATERING

C.

Full Name (Last, First, Middle Initial)
Hilton Hotels

Mailing Address 1751 Hotel Plaza Blvd

City State Zip Code
Orlando FL 32830-

Purpose of Disbursement
lodging

Candidate Name

Category/ Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 01217.E5983

Date of Disbursement

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

Amount of Each Disbursement this Period

1438.89

[MEMO ITEM]
MEMO: LODGING

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)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Budget Rent-a-car

Mailing Address multiple locations

City State Zip Code

Purpose of Disbursement
travel expense - rental car

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 01217.E5984
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	1	0

Amount of Each Disbursement this Period

635.33

[MEMO ITEM]

MEMO: TRAVEL EXPENSE - RENTAL CAR

B.

Full Name (Last, First, Middle Initial)
AT&T Wireless

Mailing Address P. O. Box 8229

City State Zip Code
Aurora IL 60572-

Purpose of Disbursement
telephone service

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 01217.E5985
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	1	0

Amount of Each Disbursement this Period

163.16

[MEMO ITEM]

MEMO: TELEPHONE SERVICE

C.

Full Name (Last, First, Middle Initial)
Bonita Springs Self Storage

Mailing Address 8953 Terrene Court

City State Zip Code
Bonita Springs FL 34135-

Purpose of Disbursement
storage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 01217.E5989
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	1	0

Amount of Each Disbursement this Period

174.13

[MEMO ITEM]

MEMO: STORAGE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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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)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Edonation 1 Account Mailing Address 118 N Saint Asaph St City Alexandria State VA Zip Code 22314-3110 Purpose of Disbursement fundraising fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01217.E5993 Date of Disbursement 12 / 08 / 2010 Amount of Each Disbursement this Period 10.98 FUNDRAISING FEE
B.	Full Name (Last, First, Middle Initial) Edonation 1 Account Mailing Address 118 N Saint Asaph St City Alexandria State VA Zip Code 22314-3110 Purpose of Disbursement fundraising fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10110.E6001 Date of Disbursement 12 / 31 / 2010 Amount of Each Disbursement this Period 476.81 FUNDRAISING FEE
C.	Full Name (Last, First, Middle Initial) Ford Credit Mailing Address PO Box 105697 City Atlanta State GA Zip Code 30348-5697 Purpose of Disbursement campaign car Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01217.E5929 Date of Disbursement 12 / 06 / 2010 Amount of Each Disbursement this Period 635.71 CAMPAIGN CAR

SUBTOTAL of Disbursements This Page (optional) ▶

1123.50

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)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

Jivaldi LLC

Mailing Address 707 MOUNT Errigal Pl

City Lincoln State CA Zip Code 95648-

Purpose of Disbursement website service fee

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 01217.E5927

Date of Disbursement

12 / 06 / 2010

Amount of Each Disbursement this Period

3462.25

WEBSITE SERVICE FEE

B.

Full Name (Last, First, Middle Initial)

SCM Associates, Inc.

Mailing Address 1283 Main Street
PO Box 254

City Dublin State NH Zip Code 03444-

Purpose of Disbursement direct mail and telemarketing

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 01217.E5924

Date of Disbursement

12 / 06 / 2010

Amount of Each Disbursement this Period

1115.01

DIRECT MAIL AND TELEMARKETING

C.

Full Name (Last, First, Middle Initial)

Southwest Direct

Mailing Address 2129 Andrea Ln

City Fort Myers State FL Zip Code 33912-1903

Purpose of Disbursement direct mail services

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 01217.E5920

Date of Disbursement

12 / 03 / 2010

Amount of Each Disbursement this Period

686.48

DIRECT MAIL SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶

5263.74

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)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Southwest Direct

Mailing Address 2129 Andrea Ln

City State Zip Code
Fort Myers FL 33912-1903

Purpose of Disbursement
direct mail services

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 01217.E5925
Date of Disbursement

12 / 06 / 2010

Amount of Each Disbursement this Period

597.88

DIRECT MAIL SERVICES

B.

Full Name (Last, First, Middle Initial)
Arthur J. Finkelstein & Assoc.

Mailing Address 16 N Astor St

City State Zip Code
Irvington NY 10533-1522

Purpose of Disbursement
political consulting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 01217.E5923
Date of Disbursement

12 / 06 / 2010

Amount of Each Disbursement this Period

2816.99

POLITICAL CONSULTING

C.

Full Name (Last, First, Middle Initial)
Arthur J. Finkelstein & Assoc.

Mailing Address 16 N Astor St

City State Zip Code
Irvington NY 10533-1522

Purpose of Disbursement
political consulting and expenses

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 01217.E5922
Date of Disbursement

12 / 06 / 2010

Amount of Each Disbursement this Period

4813.96

POLITICAL CONSULTING AND EXPENSES

SUBTOTAL of Disbursements This Page (optional) ▶

8228.83

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 25 / 30

<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)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Element Capital Management LLC

Transaction ID: 01217.E5921

Date of Disbursement

Mailing Address 600 Lexington Ave 34th Fl

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	2		0	3		2	0	1	0

City State Zip Code
New York NY 10022-

Amount of Each Disbursement this Period

381.41

Purpose of Disbursement
Catering and Room Rental

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

CATERING AND ROOM RENTAL

State: District:

SUBTOTAL of Disbursements This Page (optional)

381.41

TOTAL This Period (last page this line number only)

43891.30

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 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)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Alva Little League

Transaction ID: 10110.E6000
Date of Disbursement

Mailing Address PO Box 894

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	1	0

City Alva State FL Zip Code 33920-

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
SPONSORSHIP

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Buckingham Little League

Transaction ID: 10110.E5995
Date of Disbursement

Mailing Address PO Box 51475

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	1	0

City Fort Myers State FL Zip Code 33905-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
SPONSORSHIP

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Fort Myers Beach Little League

Transaction ID: 01201.E5912
Date of Disbursement

Mailing Address PO Box 2326

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	1	0

City Fort Myers Beach State FL Zip Code 33932-

Amount of Each Disbursement this Period

700.00

Purpose of Disbursement
TEAM SPONSORSHIP

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

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**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 27 / 30

<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)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Fort Myers Little League

Mailing Address

City State Zip Code

Purpose of Disbursement
SPONSORSHIP
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 10110.E5997
Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

1750.00

B.

Full Name (Last, First, Middle Initial)
Greater Naples Little League

Mailing Address PO Box 7436

City State Zip Code
Naples FL 34101-

Purpose of Disbursement
SPONSORSHIP
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 10110.E5999
Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
Greater Pine Island Little League

Mailing Address PO Box 365

City State Zip Code
Cape Coral FL 33993-

Purpose of Disbursement
TEAM SPONSORSHIP
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 01201.E5915
Date of Disbursement

12 / 01 / 2010

Amount of Each Disbursement this Period

400.00

SUBTOTAL of Disbursements This Page (optional) ▶

4150.00

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 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)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Gulf Coast Little League Mailing Address 5352 Berkeley Dr City Naples State FL Zip Code 34112- Purpose of Disbursement TEAM SPONSORSHIP Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 01201.E5918 Date of Disbursement 12 / 01 / 2010 Amount of Each Disbursement this Period 350.00 Category/Type
B.	Full Name (Last, First, Middle Initial) Hancock Little League Mailing Address PO Box 1353 City Fort Myers State FL Zip Code 33902- Purpose of Disbursement TEAM SPONSORSHIP Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 01201.E5913 Date of Disbursement 12 / 01 / 2010 Amount of Each Disbursement this Period 1000.00 Category/Type
C.	Full Name (Last, First, Middle Initial) Lehigh Acres Little League Mailing Address PO Box 842 City Lehigh Acres State FL Zip Code 33936- Purpose of Disbursement SPONSORSHIP Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 10110.E5996 Date of Disbursement 12 / 20 / 2010 Amount of Each Disbursement this Period 1200.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

2550.00

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 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)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) North Fort Myers Little League <hr/> Mailing Address PO Box 3551 <hr/> City Fort Myers State FL Zip Code 33918- <hr/> Purpose of Disbursement TEAM SPONSORSHIP Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01201.E5914 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1300.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) North Naples Little League <hr/> Mailing Address 15785 Delasol Lane <hr/> City Naples State FL Zip Code 34110- <hr/> Purpose of Disbursement SPONSORSHIP Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10110.E5998 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 300.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Punta Gorda Little League <hr/> Mailing Address PO Box 512834 <hr/> City Punta Gorda State FL Zip Code 33951- <hr/> Purpose of Disbursement TEAM SPONSORSHIP Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01201.E5917 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2600.00
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)

PAGE 30 / 30

<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)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
San Carlos Little League

Transaction ID: 10110.E5994
Date of Disbursement

Mailing Address PO Box 990

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	1	0

City State Zip Code
Estero FL 33928-

Amount of Each Disbursement this Period

1200.00

Purpose of Disbursement
SPONSORSHIP

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
South Fort Myers Little League

Transaction ID: 01201.E5916
Date of Disbursement

Mailing Address 13300-56 South Cleveland Ave
Box 707

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	1	0

City State Zip Code
Fort Myers FL 33907-

Amount of Each Disbursement this Period

695.00

Purpose of Disbursement
TEAM SPONSORSHIP

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1895.00

TOTAL This Period (last page this line number only)

13395.00
