

FAX COVER SHEET

FRIENDS OF CONNIE MACK

FACSIMILE TRANSMITTAL SHEET

TO: FEC	FROM: Rebekah Hurd
COMPANY: Friends of Connie Mack	DATE: MARCH 2, 2005
FAX NUMBER: 202-219-0174	TOTAL NO. OF PAGES (INCLUDING COVER) 3
PHONE NUMBER:	
RE: Amended Report	

URGENT
 FOR REVIEW
 PLEASE COMMENT
 PLEASE REPLY
 PLEASE RECYCLE

NOTES/COMMENTS:

This is an amended Statement of Organization for Friends of Connie Mack.

Any Questions, please call 407-649-3855.

Thank You.

Sincerely,

Rebekah Hurd

P.O. BOX 538608 ORLANDO, FLORIDA 32853

**FEC
 FORM 1**

**STATEMENT OF
 ORGANIZATION**

1. NAME OF COMMITTEE (or NFP) (Check if name is changed) Extension of (specify type) see the law. **2225-0485**

FRRIENDS OF CONNIE MACK

ADDRESS (number and street) **51.00 S. Cleveland Avenue**
 (Check if address is changed) **Suite 318, IMB300**
Fort Myers, FL 33907

COMMITTEE'S E-MAIL ADDRESS **Rebekah@ConnieMack.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER **407-649-6058**

2. DATE **03 01 2005**

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW OR AMENDED (A)

I certify that I have reviewed this Statement and to the best of my knowledge and belief it is true, correct and complete.

Title or Print Name of Treasurer **Peter Girardin**

Signature of Responder *[Handwritten Signature]* Date **2/10/05**

NOTE: Submission of false, misleading, or deceptive information may subject the person signing this Statement to the penalties of 2 U.S.C. 1913. ANY CHANGE OF INFORMATION MUST BE REPORTED WITHIN 10 DAYS.

City	State	Zip	City	State	Zip	City	State	Zip	City	State	Zip
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For further information contact:
 Federal Election Commission
 Tel. (202) 435-2500
 Local (202) 435-1100

FEC FORM 1
 (Revised 12/2003)

REC Form 1 (Revised 08/2004)

Page 2

R. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate: CONNIE MACK

Candidate Party Affiliation: REP Office Sought: House Senate: President: Term: PL 14 Cycle: 14

- (c) This committee supports/ opposes only one candidate, and is NOT an authorized committee.

Name of Candidate: _____

- (d) This committee is a National, State or authorized committee of the (Candidate, State, etc.) Party.
- (e) This committee is a separate segregated fund.
- (f) This committee supports/ opposes more than one federal candidate, and is NOT a separate segregated fund or party committee.

R. Name of Any Connected Organization or Affiliated Committee

NONE

Meeting Address: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Reference: _____

Type of Connected Organization:

- Corporation
- Organization with Capital Stock
- Labor Organization
- Nonprofit Organization
- Trust Association
- Cooperative

02/26/05

REG Form 1 (Revised 02/2003) Page 2
VMS or Type Operator Name

7. Collection of Records: Identify by name, address (phone number - optional) and position of the person in possession of sensitive books and records.

Full Name: MICHAEL J. MILLER
Mailing Address: P.O. BOX 531010
ORLANDO FL 32853
Title of Position: FINANCE DIRECTOR
City: CITY A STATE: STATE A ZIP CODE: ZIP CODE A
Telephone Number: 407-449-3055

8. Treasurer: List the name and address (phone number - optional) of the treasurer or the collector, and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: PETER CIRAPLIN
Mailing Address: 4099 TAMMAMI TRAIL
SUITE 200
NAPLES FL 34103
Title of Position: TREASURER
City: CITY A STATE: STATE A ZIP CODE: ZIP CODE A
Telephone Number: 239-262-8000

Full Name of Designated Agent:
Mailing Address:
Title of Position:
City: CITY A STATE: STATE A ZIP CODE: ZIP CODE A
Telephone Number:

FBI Form 1 (Rev. 02/00)

Page 4

1. Name of Office Depositor: List all banks or other depositories in which the insured deposits funds, holds accounts, maintains deposit boxes or maintains funds.
Name of Bank, Depository, etc.

MAILING ADDRESS
SUNTRUST-BANKTOWN CENTER
600 S. ORANGE AVENUE
ORLANDO FL 32801
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

MAILING ADDRESS
CITY STATE ZIP CODE

4875453858

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	
N/A PREPARER (5/2004)	N/A DATE PREPARED