FEC FORM 3	AND DI	T OF RE SBURSE	MENTS		Office Use Only
1. NAME OF COMMITTEE (in	full) USE FEC MAII		xample:If typing, type wer the lines		
ADDRESS (number a		19			
Check if diff than previou reported. (A	sly				34106
2. FEC IDENTIFIC/	ATION NUMBER 🛛 🖤	CITY 🛦		STATE 🛋	ZIP CODE 🛋
C0039124	3	3. IS THIS REPORT	(N) OF	R X AMEN (A)	
July 15 Octobe	- (Election on	PST -Election Report for General (30G)	General (Special (in the State of
5. Covering Period	11 28	2006	through	12 31	2006
I certify that I have exa Type or Print Name of	mined this Report and to the Treasurer Craig	-	ge and belief it is true, c	orrect and complete.	
Signature of Treasure		Craig Engle	subject the person sigr	Date 04	1 3 2 0 0 7 penalties of 2 U.S.C 437g.
Office Use Only					FEC FORM 3 (Revised 02/2003)

Image	# 27930532364	SUMMARY PAGE of Receipts and Disbursements	D
	FEC Form 3 (Revised 02/2003)		Page 2
	Vrite or Type Committee Name		
F	Friends of Connie Mack		
F	Report Covering the Period: From:	M M D D Y	To: 12 D D Y Y Y Y 31 2006
		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))	4060.00	5060.00
	(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))	4060.00	5060.00
7.	Net Operating Expenditures	-	
	(a) Total Operating Expenditures (from Line 17)	60743.00	62743.00
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c) Net Operating Expenditures(subtract Line 7(b) from Line 7(a))	60743.00	62743.00
8.	Cash on Hand at Close of Reporting Period (from Line 27)	208194.69	
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

age	e# 27930532365	DETAILED SUMMARY PAGE of Receipts	
	FEC Form 3 (Revised 02/2003) Vrite or Type Committee Name Friends of Connie Mack		Page 3
R	Report Covering the Period: From:	M M D D Y Y Y Y 1 1 2 8 2 0 0 6	To: M M D D T Y Y Y Y 12 31 2006
	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11.	CONTRIBUTIONS (other than loans) FF	ROM:	
	 (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) 	2225.00	2225.00
	(ii) Unitemized	1835.00	1835.00
	(iii) TOTAL of contributions	4060.00	4060.00
	from individuals	0.00	0.00
	(b) Political Party Committees(c) Other Political Committees (such as PACS)	0.00	1000.00
	(d) The Candidate (e) TOTAL CONTRIBUTIONS		0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) 4060.00	5060.00
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.)	0.00	0.00
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)	4060.00	5060.00

Image# 27930532366

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 60743.00 62743.00 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of all Other Loans..... (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other 0.00 0.00 Than Political Committees..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS..... 22. TOTAL DISBURSEMENTS 60743.00 62743.00 (add Lines 17, 18, 19(c), 20(d), and 21)

III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	264877.69
24.	TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)	4060.00
25.	SUBTOTAL (add Line 23 and Line 24)	268937.69
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	60743.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	208194.69

	CHEDULE A (FEC Form 3 EMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 22 (check only one) I1a X 11a		
		d Otatamanta ma				
or	for commercial purposes, other than using	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
$\left \right>$	NAME OF COMMITTEE (In Full) Friends of Connie Mack					
<u>к</u>	Full Name (Last, First, Middle Initial) MR. John Brogan			Date of Receipt		
	Mailing Address 400 N Flagler Dr Ap	ot 1906		12 15 2006		
	City	State	Zip Code	Transaction ID: 70131.C16479		
	West Palm Beach	FL	33401-4316	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer retired	Occupation	n	Receipt		
		retired		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Receipt For: 2008 Primary X General	Election C	Cycle-to-Date ▼			
	Other (specify)	0 0	500.00			
в.	Full Name (Last, First, Middle Initial) DR. Thomas Dickinson			Date of Receipt		
	Mailing Address 2229 McClellan Pkv	vy		M M / D D / Y		
	City	State	Zip Code	Transaction ID: 70131.C16511		
	Sarasota	FL	34239-3712	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		200.00		
	Name of Employer retired	Occupation	n	Receipt		
		retired	Cycle-to-Date	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Receipt For: 2008 Primary X General	Election	Cycle-to-Date ▼			
	Other (specify)	0 0	200.00			
c.	Full Name (Last, First, Middle Initial) MR. Brewster Durkee			Date of Receipt		
	Mailing Address 5027 River Point Ro	bad		M M / D D / Y		
	City	State	Zip Code	Transaction ID: 70131.C16488		
	Jacksonville	<u>FL</u>	32207	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		300.00		
	Name of Employer retired	Occupation	n			
	Receipt For: 2008	retired Election C	Cycle-to-Date	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Primary X General Other (specify) ▼		300.00]		
6	SUBTOTAL of Receipts This Page (optional)					
ΙТ	OTAL This Period (last page this line num	ber only)				

IT Ar	CHEDULE A (FEC Form 3) EMIZED RECEIPTS y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Friends of Connie Mack	atements may name and add	Use separate schedule(s) or each category of the Detailed Summary Page r not be sold or used by any perso ress of any political committee to	FOR LINE NUMBER: PAGE 6 / 22 (check only one) 11c X 11a 11b 12 13a 13b 14 12 13a 13b 14 15 n for the purpose of soliciting contributions solicit contributions from such committee. 110 110
A.	Full Name (Last, First, Middle Initial) DR. Michael Raymond Mailing Address 14009 Image Lake Cou City Fort Myers FEC ID number of contributing federal political committee. Name of Employer Florida Cancer Specialists Receipt For: 2008 Primary X General Other (specify) ▼	State FL Occupation physician		Date of Receipt Date of Receipt 1 2 D D D D D D D D D D D D D D D D D D
В.	Full Name (Last, First, Middle Initial) MR. A. Edwin Shinholser Mailing Address 2751 Regency Oak Blv City Clearwater FEC ID number of contributing federal political committee. Name of Employer retired Receipt For: 2008 Primary X General Other (specify) ▼	State FL C Occupation retired	Zip Code 33759 ycle-to-Date V 225.00	Date of Receipt

SUBTOTAL of Receipts This Page (optional)	►			 1225.00
TOTAL This Period (last page this line number only)	►			 2225.00

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 7/22			
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21			
	y Information copied from such Reports and Statem for commercial purposes, other than using the name						
	NAME OF COMMITTEE (In Full) Friends of Connie Mack						
Α.	Full Name (Last, First, Middle Initial) CITICARDS			Transaction ID: 70131.E3152 Date of Disbursement			
	Mailing Address PO Box 193066						
	, , , , , , , , , , , , , , , , , , ,	State Zip Code OH 43218-		Amount of Each Disbursement this Period			
	Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under			
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) V	Туре	11 C.F.R. 400.53 CREDIT CARD: SEE BELOW			
	Full Name (Last, First, Middle Initial)			Transaction ID: 70131.E3153			
В.	National Car Rental			Date of Disbursement			
	Mailing Address						
	City	State Zip Code		Amount of Each Disbursement this Period			
	Purpose of Disbursement CAR RENTAL - TRANSPORTATION			509.41 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: CAR RENTAL - TRANSP- ORTATION			
	State: District: Full Name (Last, First, Middle Initial)						
C.	Jamestown Associates			Transaction ID: 70131.E3148 Date of Disbursement			
	Mailing Address 5 Mapletown Road, #300			12 ^M / ^D 07 ^J / ^Y 2006 ^Y			
		State Zip Code NJ 08540-		Amount of Each Disbursement this Period			
	Purpose of Disbursement MEDIA BUYS			10550.14 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		MEDIA BUYS			
s	11272.04						
	SUBTOTAL of Disbursements This Page (optional) IIS73.04 TOTAL This Period (last page this line number only) IIS73.04						
I							

ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page It and It		CHEDULE B (FEC Form 3)	Use seperate schedule(s)	NUMBER: PAGE 8/22
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 Full Name (Last, First, Middle Initial) A. Mailing Address American Event Consulting, Inc. 501 L St NW City Purpose of Disbursement Full Name (Last, First, Middle Initial) Office Sought: House Disbursement For: Cardidate Name Distress Transaction ID: 70131.E3130 Category: Type Office Sought: House District: B. Full Name (Last, First, Middle Initial) Arthur J, Finkelstein & Assoc. Mailing Address Mailing Address 10 Feur dor Disposal of Excess Cardidate Name District: B. Full Name (Last, First, Middle Initial) Arthur J, Finkelstein & Assoc. Mailing Address Office Sought: Propose of Dibibursement For:			for each category of the Detailed Summary Page	X 17 18 19a 19b 20a 20b 20c 21
NAME OF COMMITTEE (In Full) Friends of Connie Mack Full Name (Last, First, Middle Initial) A. Mr. Rob Jennings Mailing Address American Event Consulting, Inc. 501 L St NW City State Zip Code Washington DC Purpose of Disbursement FUNDRAING CONSULTING FEE Candidate Name Office Sought: House President Other (specify) Full Name (Last, First, Middle Initial) B. Arthur J. Finkelstein & Assoc. Mailing Address Mailing Address 16 N. Astor Street City State: Disbursement For: President Other (specify) Full Name (Last, First, Middle Initial) B. Arthur J. Finkelstein & Assoc. Mailing Address Category: Transaction ID: 70131.E3132 Date of Disbursement PUTDCAL CONSULTING FEE Category: Transaction ID: 70131.E3145 Arthur J. Finkelstein & Assoc. Mailing Address 10533- <tr< th=""><th></th><th></th><th></th><th></th></tr<>				
Friends of Connie Mack A. Full Name (Last, First, Middle Initial) Mailing Address American Event Consulting, Inc. Mailing Address American Event Consulting, Inc. Otip Soi L St NW City Soi L St NW Soi L St NW State Zip Code Amount of Each Disbursement Purpose of Disbursement Disbursement For: Cardidate Name Disbursement For: Office Sought: House District: Disbursement For: President Disbursement For: District: Category/ Full Name (Last, First, Middle Initial) B. Arthur J. Finkelstein & Assoc. Mailing Address 16 N. Astor Street City State District: Disbursement For: POLITICAL CONSULTING FEE Category/ Candidate Name Disbursement For: Polar On Disbursement For: President Office Sought: House Office Sought: House District: Disbursement For: Propose of Disbursement Category/				
A. Mr. Rob Jennings Date of Disbursement. Mailing Address American Event Consulting, Inc. 501 L St NW State Zip Code Washington DC 2001- Purpose of Disbursement DC 20001- PUNDRAING CONSULTING FEE Category/ Type Office Sought: House Disbursement For: Primary City State: District: FUNDRAISING CONSULTING FE Office Sought: House Disbursement For: Primary City State: District: Funder (specify) B. Arthur J. Finkelstein & Assoc. Transaction ID: 70131.E3132 Date of Disbursement for: Purpose of Disbursement NY 10533- Purpose of Disbursement NY 10533- Purpose of Disbursement President Category/ Office Sought: House Disbursement For: President Purpose of Disbursement President Category/ Y 2 0 0 6 City Sanate President President President State: Disbursement For: President President	\mathbb{Z}	Friends of Connie Mack		
S01 L St NW State Zip Code City State Zip Code Washington DC 20001- Purpose of Disbursement 1000.00 FUNDRAISING CONSULTING FEE Category/ Type Office Sought: House President Disbursement For: President Fill Name (Last, First, Middle Initial) B. Arthur J. Finkelstein & Assoc. Transaction ID: 70131.E3132 Date of Disbursement His Pe Mailing Address 16 N. Astor Street Amount of Each Disbursement His Pe City State Zip Code Amount of Each Disbursement His Pe Mailing Address 16 N. Astor Street Amount of Each Disbursement Y 2 0 0 6 City State Zip Code Amount of Each Disbursement His Pe PUTpose of Disbursement NY 10533- Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: President Category/ Type PoLITICAL CONSULTING FEE Contributions Required Initial) Transaction ID: 70131.E3146 Date of Disbursement City Senate President Other (specify) ▼ Office Sought: House State Zip Code	Α.			Date of Disbursement
Washington DC 20001- Purpose of Disbursement FUNDRAISING CONSULTING FEE Image: Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate Category/ Type FUNDRAISING CONSULTING FE B. Full Name (Last, First, Middle Initial) Transaction ID: 70131.E3132 Date of Disbursement Transaction ID: 70131.E3132 Date of Disbursement Mailing Address 16 N. Astor Street Image: Category/ Type Image: Category/ Type Amount of Each Disbursement this Pe Office Sought: House Disbursement For: Porpose of Disbursement PolLTICAL CONSULTING FEE Category/ Type Amount of Each Disbursement this Pe Office Sought: House Disbursement For: President Category/ Type PolLTICAL CONSULTING FEE Office Sought: House Disbursement For: President Category/ Type PolLTICAL CONSULTING FEE City State Disbursement For: President Category/ Type Transaction ID: 70131.E3146 Mailing Address 4099 Tamiami Trl N Ste 200 Transaction ID: 70131.E3146 Transaction ID: 70131.E3146 Category/ Type Transaction ID: 70131.E3146 Transaction ID: 70131.E3146 Transaction ID: 70131.E3146 <			ng, Inc.	
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B. Arthur J. Finkelstein & Assoc. Date of Disbursement Mailing Address 16 N. Astor Street 12 0 0 7 1 2 0 0 6 City State Zip Code Irvington NY 10533- Purpose of Disbursement 4000.00 POLITICAL CONSULTING FEE Category/ Type Candidate Name Disbursement For: Office Sought: House State: Disbursement For: President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Ct. Larson, Allen, Weishair & Co., LLP Mailing Address 4099 Tamiami Trl N Ste 200 City State Naples FL AccouNTING Full Name Candidate Name Category/ Type Office Sought: Disbursement For: Grid State Zip Code Amount of Each Disbursement this Period Mailing Address 4099 Tamiami Trl N Ste 200 City State Zip Code Naples FL 34103-3548 Purpose of Disbursement Category/ Type Category/ Ty		Senate President	Primary General	FUNDRAISING CONSULTING FEE
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City State Zip Code NY 10533- Purpose of Disbursement 4000.00 POLITICAL CONSULTING FEE Category/ Category/ Type Office Sought: House Senate Primary President Other (specify) V 10 Sate Office Sought: House State: Disbursement For: President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: 70131.E3146 Category/ Transaction ID: 70131.E3146 Date of Disbursement Mailing Address Mailing Address 4099 Tamiami Trl N Ste 200 City State Naples FL State Zip Code Naples FL Purpose of Disbursement Accounting Category/ Category/ Y Y 0 0 6 City State Zip Code Naples FL 34103-3548 Purpose of Disbursement Accounting Category/ Office Sought:	В.			Date of Disbursement
Irvington NY 10533- Purpose of Disbursement POLITICAL CONSULTING FEE Category/ Type 4000.00 Candidate Name Category/ Type Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate PollTICAL CONSULTING FEE State: District: Other (specify) PollTICAL CONSULTING FEE Full Name (Last, First, Middle Initial) Transaction ID: 70131.E3146 Date of Disbursement Larson, Allen, Weishair & Co., LLP Mailing Address 4099 Tamiami Trl N Ste 200 Amount of Each Disbursement this Pet Naples City State Zip Code Refund or Disposal of Excess 540.00 Candidate Name Category/ Type Category/ Type State State Senate Zip Code Refund or Disposal of Excess Office Sought: House Disbursement For: Other (specify) Category/ Type Accounting Office Sought: House Disbursement For: Other (specify) Accounting		Mailing Address 16 N. Astor Street		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ 0 \\ 7 \end{array} \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ 0 \\ 7 \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ 0 \\ 6 \end{array} \end{array}$
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Candidate Name Category/ Type Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate Primary General President Other (specify) Image: Category/ Type POLITICAL CONSULTING FEE State: District: Image: Category/ President Primary General Full Name (Last, First, Middle Initial) Image: Category/ Category/ Transaction ID: 70131.E3146 Larson, Allen, Weishair & Co., LLP Image: Category/ Mailing Address Y <td< td=""><td></td><td></td><td></td><td> 4000.00</td></td<>				 4000.00
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C. Larson, Allen, Weishair & Co., LLP Date of Disbursement Mailing Address 4099 Tamiami Trl N Ste 200 1 2 1 0 0 7 1 2 0 0 6 City State Zip Code Naples FL 34103-3548 Purpose of Disbursement 540.00 ACCOUNTING Category/ Type Office Sought: House Disbursement For: Senate President Disbursement For: Other (specify) Cancount of the contribution of the control of				T
City State Zip Code Naples FL 34103-3548 Purpose of Disbursement ACCOUNTING Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President Other (specify)	C.			
Naples FL 34103-3548 Purpose of Disbursement ACCOUNTING 540.00 Candidate Name Category/ Type Category/ Type Category/ 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate General President Other (specify) ✓ ACCOUNTING		Mailing Address 4099 Tamiami Trl N Ste 2	200	$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} T \\ T \\ T \\ \end{array} \begin{array}{c} T \\ T $
Purpose of Disbursement ACCOUNTING 540.00 Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) T				Amount of Each Disbursement this Period
Candidate Name Category/ Type Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate Primary General President Other (specify)		Purpose of Disbursement		 540.00
Senate Primary General ACCOUNTING President Other (specify) ▼				Contributions Required Under
		Senate President	Primary General	ACCOUNTING
SUBTOTAL of Disbursements This Page (optional) 5540.00		IRTOTAL of Dichursements This Page (ontional)		 5540.00

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 9/22			
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21			
	y Information copied from such Reports and Statem						
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Friends of Connie Mack						
Α.	Full Name (Last, First, Middle Initial) Platinum Plus For Business - Credit Card			Transaction ID: 70131.E3157 Date of Disbursement 1 2 0 1 2 0 0 6			
	Mailing Address PO Box 15469						
	Wilmington	State Zip Code DE 19850-5469		Amount of Each Disbursement this Period			
	Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name		Category/ Type	11701.71 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		CREDIT CARD: SEE BELOW			
в.	Full Name (Last, First, Middle Initial) Avis Rent-A-Car			Transaction ID: 70131.E3168 Date of Disbursement			
	Mailing Address multiple locations			$\begin{bmatrix} M & M \\ 1 & 2 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 1 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$			
	City	State Zip Code		Amount of Each Disbursement this Period			
	Purpose of Disbursement CAR RENTAL			546.70 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		MEMO: CAR RENTAL			
	State: District: Full Name (Last, First, Middle Initial)						
C.	Bellasera Resort			Transaction ID: 70131.E3194 Date of Disbursement			
	Mailing Address 221 South 9th Street			12 ^M / 01 / 2006 ^Y			
		State Zip Code FL 34102-		Amount of Each Disbursement this Period			
	Purpose of Disbursement			237.60 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[Memo Item] Memo: Lodging			
s	UBTOTAL of Disbursements This Page (optional)		•	11701.71			
	SUBTOTAL of Disbursements This Page (optional) ITTOT.TI TOTAL This Period (last page this line number only) Itto and a state of the						
I	(1.0-1-1.0-0.0)		-				

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	e(s) FOR LINE NUMBER: PAGE 10 / 22 (check only one)					
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		x 17 18 19a 19b				
		Detailed Summary Fage		20a 20b 20c 21				
	y Information copied from such Reports and Statem or commercial purposes, other than using the name							
	NAME OF COMMITTEE (In Full)							
\rangle	Friends of Connie Mack							
Α.	Full Name (Last, First, Middle Initial) Hilton Naples & Towers			Transaction ID: 70131.E3171 Date of Disbursement				
	Mailing Address 5111 Tamiami Trail, N.			$\begin{array}{c} 1 \\ 1 \\ 2 \\ \end{array} \begin{array}{c} 0 \\ 1 \\ \end{array} \begin{array}{c} 0 \\ 0 \\ 1 \end{array} \begin{array}{c} 0 \\ 0 \\ \end{array} \end{array} \begin{array}{c} 0 \\ 0 \\ \end{array} \begin{array}{c} 0 \\ 0 \\ \end{array} \end{array} \begin{array}{c} 0 \\ 0 \\ 0 \\ \end{array} \end{array} \begin{array}{c} 0 \\ 0 \\ \end{array} \end{array} \begin{array}{c} 0 \\ 0 \\ 0 \\ \end{array} \end{array} \begin{array}{c} 0 \\ 0 \\ \end{array} \end{array} \begin{array}{c} 0 \\ 0 \\ 0 \\ \end{array} \end{array} $				
	City	State Zip Code		Amount of Each Disbursement this Period				
		FL 34103-						
	Purpose of Disbursement LODGING - TRAVEL			546.70 Refund or Disposal of Excess				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]				
	Office Sought: House Disbursed Senate President State: District:	ment For: Primary General Other (specify) ▼		MEMO: LODGING - TRAVEL				
	Full Name (Last, First, Middle Initial)							
В.	Hilton Naples & Towers			Transaction ID: 70131.E3190 Date of Disbursement				
	Mailing Address 5111 Tamiami Trail, N.			12 ^M /01 ^Y /2006 ^Y				
		State Zip Code FL 34103-		Amount of Each Disbursement this Period				
	Purpose of Disbursement LODGING			353.96 Refund or Disposal of Excess				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]				
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		MEMO: LODGING				
	State: District:							
C.	Full Name (Last, First, Middle Initial) JG Websters			Transaction ID: 70131.E3158 Date of Disbursement				
	Mailing Address 17230 South Tamiami Tra	ail		12 ^M /01 ^Y /2006 ^Y				
		State Zip Code FL 33908-		Amount of Each Disbursement this Period				
	Purpose of Disbursement MEALS			500.00 Refund or Disposal of Excess				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: MEALS				
Г	State: District:							
s	SUBTOTAL of Disbursements This Page (optional)							
Т	DTAL This Period (last page this line number only)		►					

SCHEDULE B (FEC Form 3) Use seperate schedule(s) FOR LINE NUMBER: PAGE 11/22						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only				
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full) Friends of Connie Mack						
Full Name (Last, First, Middle Initial) A. Office Depot Mailing Address 7091 College Pkwy.			Transaction ID: 70131.E3159Date of Disbursement 12 7 01 7 2006			
,	State Zip Code FL 33907-		Amount of Each Disbursement this Period			
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	[Category/ Type	9.52 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	nent For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: OFFICE SUPPLIES			
Full Name (Last, First, Middle Initial) B. Old Ebbitt Grill			Transaction ID: 70131.E3184 Date of Disbursement			
Mailing Address 675 15th Street, N.W.			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D \\ 0 \\ 1 \end{array} \end{array} \begin{array}{c} D \\ 0 \\ 1 \end{array} \begin{array}{c} T \\ 0 \\ 1 \end{array} \begin{array}{c} T \\ T $			
	State Zip Code DC 20005-		Amount of Each Disbursement this Period 48.81			
MEALS Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	nent For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: MEALS			
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: 70131.E3195			
C. Outback Steakhouse			Date of Disbursement			
Mailing Address 12995 S. Cleveland Aven	ue					
	State Zip Code FL 33907-		Amount of Each Disbursement this Period			
Purpose of Disbursement MEALS	Purpose of Disbursement					
Candidate Name						
	nent For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: MEALS			
SUBTOTAL of Disbursements This Page (optional)						
TOTAL This Period (last page this line number only) .						

	DULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 12/22
	ZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	rmation copied from such Reports and Stateme mmercial purposes, other than using the name			
	IE OF COMMITTEE (In Full) nds of Connie Mack			
	Name (Last, First, Middle Initial) okey Bones			Transaction ID: 70131.E3191 Date of Disbursement
Maili	ng Address 13731 S. Tamiami Trail			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \begin{array}{c} P \\ 0 \\ 1 \end{array} \end{array} \begin{array}{c} P \\ 0 \\ 1 \end{array} \end{array} \begin{array}{c} P \\ 0 \\ 1 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 1 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 1 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 1 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 1 \end{array} $
	Myers	State Zip Code FL 33912-		Amount of Each Disbursement this Period
MEA	ose of Disbursement LS didate Name		Category/ Type	48.74 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Offic	e Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: MEALS
Full I	Name (Last, First, Middle Initial) okey Bones			Transaction ID: 70131.E3196 Date of Disbursement
Maili	ng Address 13731 S. Tamiami Trail			$\begin{bmatrix} M & M \\ 1 & 2 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 1 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
		State Zip Code FL 33912-		Amount of Each Disbursement this Period 20.06
MEA			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Offic	e Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: MEALS
State				
-	Name (Last, First, Middle Initial) okey Bones			Transaction ID: 70131.E3180 Date of Disbursement
Maili	ng Address 13731 S. Tamiami Trail			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ 1 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} T \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array}$
City Fort		State Zip Code FL 33912-		Amount of Each Disbursement this Period
Purp MEA	ose of Disbursement LS			50.68 Refund or Disposal of Excess
Cano	didate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Offic	President	nent For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: MEALS
SURTO	DTAL of Disbursements This Page (optional)			0.00
TOTAL	. This Period (last page this line number only)		····· •	

SCHEDULE B (FEC Form 3)		Use seperate schedule(s)		NUMBER: PAGE 13/22
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	
		Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem			or the purpose of solicating contributions
or	or commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee
$\left \right $	NAME OF COMMITTEE (In Full)			
V	Friends of Connie Mack			
~	Full Name (Last, First, Middle Initial)			Transaction ID: 70131.E3187
А.	Sonnys BBQ			Date of Disbursement
	Mailing Address 5980 Winkler Road			
	, , , , , , , , , , , , , , , , , , ,	State Zip Code FL 33919-		Amount of Each Disbursement this Period
	Purpose of Disbursement			56.24
	MEALS			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse	ment For:	, the	[MEMO ITEM]
	Senate	Primary General		MEMO: MEALS
	President	Other (specify)		
	State: District:			
в.	Full Name (Last, First, Middle Initial) Staples			Transaction ID: 70131.E3170
				Date of Disbursement
	Mailing Address multiple locations			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \begin{array}{c} P \\ 0 \\ 1 \end{array} \end{array} \begin{array}{c} P \\ 0 \\ 1 \end{array} \end{array} \begin{array}{c} P \\ 0 \\ 1 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} P \\ 0 \\ 1 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \end{array}$
	City	State Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			19.54
	OFFICE SUPPLIES			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse			[MEMO ITEM] MEMO: OFFICE SUPPLIES
	Senate	Primary General		
	State: District:	Other (specify)		
	Full Name (Last, First, Middle Initial)			
C.	Biltmore Hotel			Transaction ID: 70131.E3173 Date of Disbursement
	Mailing Address 1200 Annastasia Avenue			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \begin{array}{c} I \\ I \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array}$
	City	State Zip Code		Amount of Each Disbursement this Period
		FL 33134-		
	Purpose of Disbursement LODGING			451.07 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse	ment For:	i ìhe	[MEMO ITEM]
	Senate	Primary General		MEMO: LODGING
	President	Other (specify)		
	State: District:			
s	UBTOTAL of Disbursements This Page (optional) .		►	0.00
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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 14/22
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	yone) X 17 18 19a 19b
		Detailed Summary Page		20a 20b 20c 21
	y Information copied from such Reports and Statem			
or	for commercial purposes, other than using the name	e and address of any political	committee to so	licit contributions from such committee
$ \rangle$	NAME OF COMMITTEE (In Full)			
V	Friends of Connie Mack			
~	Full Name (Last, First, Middle Initial)			Transaction ID: 70131.E3162
Α.	Bonita Springs Self Storage			Date of Disbursement 1 2 0 1 2 0 0 6
	Mailing Address 8953 Terrene Court	Mailing Address 8953 Terrene Court		
	,	State Zip Code		Amount of Each Disbursement this Period
		FL 34135-		5.25
	Purpose of Disbursement STORAGE			Refund or Disposal of Excess
	Candidate Name		Category/	Contributions Required Under 11 C.F.R. 400.53
			Туре	[MEMO ITEM]
	Office Sought: House Disburse Senate	ment For: Primary General		MEMO: STORAGE
	President	Other (specify)		
	State: District:	· ·		
в.	Full Name (Last, First, Middle Initial)			Transaction ID: 70131.E3183
υ.	Cingular Wireless			Date of Disbursement
	Mailing Address PO Box 31488			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \begin{array}{c} \prime \\ \end{array} \left(\begin{array}{c} D \\ 0 \\ 1 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y $
	,	State Zip Code		Amount of Each Disbursement this Period
	Tampa Purpose of Disbursement	FL 33631-3488		44.92
	CELL PHONE			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		ment For:		[MEMO ITEM] MEMO: CELL PHONE
	Senate President	Primary General Other (specify)		
	State: District:			
	Full Name (Last, First, Middle Initial)			Transaction ID: 70131.E3176
C.	Cingular Wireless			Date of Disbursement
	Mailing Address PO Box 31488			$\begin{array}{c} M \\ 1 \\ 2 \\ \end{array} \begin{array}{c} M \\ 2 \\ \end{array} \begin{array}{c} M \\ 0 \\ 1 \\ \end{array} \begin{array}{c} D \\ 0 \\ 1 \\ \end{array} \begin{array}{c} D \\ 0 \\ 1 \\ \end{array} \begin{array}{c} T \\ T $
		State Zip Code FL 33631-3488		Amount of Each Disbursement this Period
	Purpose of Disbursement			29.01
	CELL PHONE Category/			Refund or Disposal of Excess Contributions Required Under
			Category/ Type	11 C.F.R. 400.53
	Office Sought: House Disburse	ment For:		[MEMO ITEM] MEMO: CELL PHONE
	Senate	Primary General		
	State: District:	Other (specify)		
s	UBTOTAL of Disbursements This Page (optional) .		►	0.00
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Ľ'	OTAL This Period (last page this line number only)		····· •	

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 15 / 22
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) X 17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and State or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) Friends of Connie Mack		
Full Name (Last, First, Middle Initial) A. Marriott Mailing Address multiple locations		Transaction ID: 70131.E3189 Date of Disbursement
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement LODGING Candidate Name		Type 779.38 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	[MEMO ITEM] MEMO: LODGING
Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: 70131.E3164 Date of Disbursement
Mailing Address 7 Park Center		
City Pittsburgh Purpose of Disbursement MULTIPLE AIR TRAVEL EXPENSES Candidate Name		Amount of Each Disbursement this Period 5501.90 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	[MEMO ITEM] MEMO: MULTIPLE AIR TRAVEL EXPENSES
Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: 70131.E3161 Date of Disbursement
Mailing Address 7 Park Center		
City Pittsburgh	StateZip CodePA15220-	Amount of Each Disbursement this Period
Purpose of Disbursement AIR TRAVEL	Γ	612.20 Refund or Disposal of Excess
Candidate Name		ategory/ Contributions Required Under Type 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	[MEMO ITEM] MEMO: AIR TRAVEL
SUBTOTAL of Disbursements This Page (optional)		• 0.00
TOTAL This Period (last page this line number only		

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	(check only	NUMBER: PAGE 16/22 yone) X 17 18 19a 19b
		Detailed Summary Page		20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)	,		
\backslash	Friends of Connie Mack			
Α.	Full Name (Last, First, Middle Initial) US House of Rep. Gift Shop			Transaction ID: 70131.E3165 Date of Disbursement
	Mailing Address B-217 Longworth Bldg.			12 ^M /01 [/] 2006 [×]
	,	State Zip Code DC 20515-		Amount of Each Disbursement this Period
	Purpose of Disbursement GIFTS			129.60 Refund or Disposal of Excess Contributions Required Under
	Candidate Name	ment Fou	Category/ Type	11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	Primary General Other (specify)		MEMO: GIFTS
	Full Name (Last, First, Middle Initial)			Transaction ID: 70131.E3182
В.	USPS			Date of Disbursement
	Mailing Address multiple locations			$\begin{bmatrix} M & M \\ 1 & 2 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 1 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$
	City State Zip Code			Amount of Each Disbursement this Period
	Purpose of Disbursement STAMPS			125.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		MEMO: STAMPS
	State: District:			
C.	Full Name (Last, First, Middle Initial) Thaipoon Thai Restaurant			Transaction ID: 70131.E3178 Date of Disbursement
	Mailing Address 1301 South Joyce St			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ 1 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} T \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array}$
		State Zip Code VA 22202-		Amount of Each Disbursement this Period
	Purpose of Disbursement MEALS			27.73 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		MEMO: MEALS
e	JBTOTAL of Disbursements This Page (optional) .			0.00
	DEFOTAL of Disbursements This Page (optional).			

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	LINE NUMBER: PAGE 17 / 22
	EMIZED DISBURSEMENTS	Detailed Summary Page	X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Friends of Connie Mack		
A.	Full Name (Last, First, Middle Initial) Thaipoon Thai Restaurant		Transaction ID: 70131.E3174 Date of Disbursement
	Mailing Address 1301 South Joyce St		
	Arlington	State Zip Code VA 22202-	Amount of Each Disbursement this Period
	Purpose of Disbursement MEALS Candidate Name	Category	89.72 Refund or Disposal of Excess Contributions Required Under
	Office Sought: House Disburse Senate President State: District:	Туре	11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
в.	Full Name (Last, First, Middle Initial) Tommy Bahama Cafe		Transaction ID: 70131.E3198
	Mailing Address 1220 3rd St S		Date of Disbursement $1^{M} 2^{M}$ / $D^{D} 0^{D}$ / $2^{Y} 0^{Y} 0^{Y}$
		State Zip Code FL 34102-7202 Category	Amount of Each Disbursement this Period 149.55 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	Type ment For: Primary General Other (specify) ▼	[MEMO ITEM] MEMO: MEALS
C.	Full Name (Last, First, Middle Initial) Arent Fox LLP		Transaction ID: 70131.E3145 Date of Disbursement
	Mailing Address 1050 Connecticut Ave NV	V	
		State Zip Code DC 20036-5308	Amount of Each Disbursement this Period
	Purpose of Disbursement LEGAL AND ACCOUNTING SERVICES		7910.94 Refund or Disposal of Excess
	Candidate Name	Category Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	LEGAL AND ACCOUNTING SERV- ICES
9	JBTOTAL of Disbursements This Page (optional) .		7910.94

		Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 18 / 22
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) Friends of Connie Mack			
	Full Name (Last, First, Middle Initial) Aristotle International			Transaction ID: 70131.E3136 Date of Disbursement
	Mailing Address 205 Pennsylvania Avenue	e, SE		12 ^M /07 ^J /2006 ^Y
		State Zip Code DC 20003-		Amount of Each Disbursement this Period
	Purpose of Disbursement DATABASE Candidate Name		Category/	1650.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	DATABASE
-	Full Name (Last, First, Middle Initial) Cingular Wireless			Transaction ID: 70131.E3138 Date of Disbursement
	Mailing Address PO Box 31488			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} T \\ T \\ T \\ \end{array} \begin{array}{c} T \\ T $
		State Zip Code FL 33631-3488		Amount of Each Disbursement this Period 521.49
	CELL PHONE Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		CELL PHONE
	State: District:			
	Full Name (Last, First, Middle Initial) Line 1 Communications			Transaction ID: 70131.E3137 Date of Disbursement
	Mailing Address 3400 Birchwood Manor			12 ^M / 07 ^D / 2006 ^Y
		State Zip Code FL 32312-		Amount of Each Disbursement this Perio
	Purpose of Disbursement EMAIL BROADCAST			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		EMAIL BROADCAST
S	UBTOTAL of Disbursements This Page (optional)		►	3692.61

SCHEDULE B (FEC Form 3)				NUMBER: PAGE 19/22	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b 20a 20b 20c 21	
	y Information copied from such Reports and Stateme for commercial purposes, other than using the name				
	NAME OF COMMITTEE (In Full) Friends of Connie Mack				
Α.	Full Name (Last, First, Middle Initial) SCM Associates, Inc.			Transaction ID: 70131.E3133 Date of Disbursement	
	Mailing Address 1283 Main Street PO Box 254			$\begin{array}{c} \stackrel{\text{M}}{12} \stackrel{\text{M}}{2} \text$	
	Dublin I	State Zip Code NH 03444-		Amount of Each Disbursement this Period	
	Purpose of Disbursement DIRECT MAIL AND TELEMARKETING		v v	2697.99	
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		DIRECT MAIL AND TELEMARKE- TING	
	Full Name (Last, First, Middle Initial)			Transaction ID: 70131.E3134	
Β.	Southwest Direct			Date of Disbursement	
	Mailing Address 2129 Andrea Lane			$12^{M} 2^{M} / 07^{D} / 2006^{Y}$	
		State Zip Code FL 33912-		Amount of Each Disbursement this Period	
	Purpose of Disbursement PRINTING AND MAILING INVITATIONS			558.68	
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) V		PRINTING AND MAILING INVI- TATIONS	
	State: District:				
C.	Full Name (Last, First, Middle Initial) Sprint - Embarq			Transaction ID: 70131.E3144 Date of Disbursement	
	Mailing Address P.O. Box 740602			12 ^M /07 ^J /2006 ^Y	
		StateZip CodeOH45274-		Amount of Each Disbursement this Period	
	Purpose of Disbursement TELEPHONE			72.48 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
		nent For: Primary General Other (specify) ▼		TELEPHONE	
S	UBTOTAL of Disbursements This Page (optional)		►	3329.15	

Any I or for F A. S	MIZED DISBURSEMENTS Information copied from such Reports and Statemer commercial purposes, other than using the name IAME OF COMMITTEE (In Full) Friends of Connie Mack Full Name (Last, First, Middle Initial) Stone Group, LLC Mailing Address 5701 Bayview Drive		by any person f	X 17 18 19a 19b 20a 20b 20c 21 or the purpose of solicating contributions
or for N F A. S	r commercial purposes, other than using the name IAME OF COMMITTEE (In Full) Friends of Connie Mack Full Name (Last, First, Middle Initial) Stone Group, LLC	ents may not be sold or used	by any person f	20a 20b 20c 21 or the purpose of solicating contributions
or for N F A. S	r commercial purposes, other than using the name IAME OF COMMITTEE (In Full) Friends of Connie Mack Full Name (Last, First, Middle Initial) Stone Group, LLC			or the purpose of solicating contributions
A. s	IAME OF COMMITTEE (In Full) Friends of Connie Mack Full Name (Last, First, Middle Initial) Stone Group, LLC	and address of any political	committee to so	licit contributions from such committee
▲. s	riends of Connie Mack ull Name (Last, First, Middle Initial) Stone Group, LLC			
A. s	ull Name (Last, First, Middle Initial) Stone Group, LLC			
A . S	Stone Group, LLC			
N	•			Transaction ID: 70131.E3130
_	Aailing Address 5701 Bayview Drive			Date of Disbursement
C				$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} D \\ 0 \\ 7 \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} V \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} V \\ 0 \\ 6 \end{array} \begin{array}{c} V \\ V \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} V \\ 0 \\ 6 \end{array} \end{array}$
	,	State Zip Code		Amount of Each Disbursement this Period
		-L 33308-		5000.00
	Purpose of Disbursement			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		CAMPAIGN CONSULTING/FUNDR- AISING
	full Name (Last, First, Middle Initial)			Transaction ID: 70131.E3149
_	Stone Group, LLC			Date of Disbursement
N	Aailing Address 5701 Bayview Drive			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} D \\ 1 \\ 1 \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} \gamma \end{array} \begin{array}{c} \gamma \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} \gamma \\ 0 \end{array} \begin{array}{c} \gamma \\ 0 \end{array} \begin{array}{c} \gamma \\ 0 \\ 0 \end{array} \begin{array}{c} \gamma \\ 0 \end{array} \begin{array}{c} \gamma \\ \gamma \end{array} \begin{array}{c} \gamma \\ \gamma \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} \gamma \\ 0 \\ 0 \end{array} \begin{array}{c} \gamma \\ \gamma \end{array} $
		State Zip Code		Amount of Each Disbursement this Period
_		-L 33308-		10000.00
	Purpose of Disbursement CAMPAIGN CONSULTING FEES			Refund or Disposal of Excess
Ċ	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
С	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		CAMPAIGN CONSULTING FEES
	State: District:			
-	ull Name (Last, First, Middle Initial) SunTrust Credit Card			Transaction ID: 70131.E3139 Date of Disbursement
N	Aailing Address PO Box 791250			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \\ I I \end{array} \begin{array}{c} I \\ I \\ I \end{array} \begin{array}{c} I \\ I \end{array} \begin{array}{c} I \\ I \\ I \end{array} \begin{array}{c} I \\ I \end{array} \begin{array}{c} I \\ I \\ I \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} I \\ I \end{array} \end{array}$
		State Zip Code MD 21279-1250		Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD: SEE BELOW			957.84
_	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		nent For: Primary General Other (specify) ▼		CREDIT CARD: SEE BELOW
	BTOTAL of Disbursements This Page (optional)			15957.84

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 21/22
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	x 17 18 19a 19b
		, ,		20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)	and address of any political		
\rangle	Friends of Connie Mack			
Α.	Full Name (Last, First, Middle Initial) Bonita Springs Self Storage			Transaction ID: 70131.E3140 Date of Disbursement
	Mailing Address 8953 Terrene Court			12 ^M /07 ^J /2006 ^Y
	,	State Zip Code FL 34135-		Amount of Each Disbursement this Period
	Purpose of Disbursement STORAGE			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		MEMO: STORAGE
	Full Name (Last, First, Middle Initial)			Transaction ID: 70131.E3141
В.	Capitol Hill Club			Date of Disbursement
	Mailing Address 300 First Street, S.E.			12 ^M /07 ^J /2006 ^Y
		State Zip Code DC 20003-		Amount of Each Disbursement this Period
	Purpose of Disbursement MEALS			507.39 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		MEMO: MEALS
	State: District:			
C.	Full Name (Last, First, Middle Initial) Cingular Wireless			Transaction ID: 70131.E3142 Date of Disbursement
	Mailing Address PO Box 31488			12 ^M /07 ^J /2006 ^Y
		State Zip Code FL 33631-3488		Amount of Each Disbursement this Period
	Purpose of Disbursement CELLPHONE			166.14 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: CELLPHONE
s	UBTOTAL of Disbursements This Page (optional) .		>	0.00
т	OTAL This Period (last page this line number only)		►	

S	CHEDULE B (FEC Form 3)		NUMBER: PAGE 22/22
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11	EMIZED DISBURSEMENT	S for each category of the Detailed Summary Page	Г	X 17 18 19a 19b
				20a 20b 20c 21
	y Information copied from such Reports ar			
or f	or commercial purposes, other than using	the name and address of any politica	al committee to so	licit contributions from such committee
Ν	NAME OF COMMITTEE (In Full)			
/	Friends of Connie Mack			
L				
^	Full Name (Last, First, Middle Initial)			Transaction ID: 70131.E3143
Α.	Verizon Wireless			Date of Disbursement
	Mailing Address 131 North Court I			12 ^M / ^D 07 ^J / ^Y 2006 ^Y
	Maining Address 131 North Court I	House Ru		
	City	State Zip Code		Amount of Each Disbursement this Period
	Arlington	VA 22201-		
	Purpose of Disbursement			126.37
	CELL PHONE		Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disbursement For:		[MEMO ITEM] MEMO: CELL PHONE
	Senate	Primary General		MEMO. CELL PHONE
	President	Other (specify)		
	State: District:			
_	Full Name (Last, First, Middle Initial)			Transaction ID: 70131.E3151
В.	Yuma Solutions, Inc.			Date of Disbursement
				$1^{\text{M}}2^{\text{M}}$ / $2^{\text{D}}7$ / $2^{\text{Y}}2^{\text{Y}}0^{\text{Y}}6^{\text{Y}}$
	Mailing Address 1922 Miccosukee	Road		
	City	State Zip Code		Amount of Each Disbursement this Period
	Tallahassee	FL 32308-		
	Purpose of Disbursement			1035.50
	COMPUTER MAINTENANCE			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disbursement For:		COMPUTER MAINTENANCE
	Senate	Primary General		
	President	Other (specify)		
	State: District:			

1		
SUBTOTAL of Disbursements This Page (optional)	►	1035.50
TOTAL This Period (last page this line number only)	•	60540.79
FEC Schedule B (Form 3) Rev. 02/2003		