



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Friends of Connie Mack

Report Covering the Period:

From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	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)).....	19189.00	1241994.71
(b) Total Contribution Refunds (from Line 20(d)).....	1135.00	1335.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	18054.00	1240659.71
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	98130.75	823688.77
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	4207.48
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	98130.75	819481.29
8. Cash on Hand at Close of Reporting Period (from Line 27).....	675737.26	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

**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).....

10260.00

871307.79

(ii) Unitemized.....

629.00

75591.17

(iii) TOTAL of contributions

10889.00

946898.96

from individuals..... ▶

0.00

98.00

(b) Political Party Committees.....

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

8300.00

294997.75

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

19189.00

1241994.71

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

3892.94

14136.82

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

4207.48

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

1.00

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

23081.94

1260340.01

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	98130.75	823688.77
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	15168.00
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.....	500.00	700.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	635.00	635.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1135.00	1335.00
21. OTHER DISBURSEMENTS.....	0.00	4100.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	99265.75	844291.77

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	751921.07
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	23081.94
25. SUBTOTAL (add Line 23 and Line 24).....	775003.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	99265.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	675737.26

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 37  
(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><b>A.</b> Full Name (Last, First, Middle Initial) Ann Alexander</p> <p>Mailing Address 2644 Atoka Road</p> <p>City Marshall State VA Zip Code 20115-3531</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Employed Occupation Estate Management</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="float: right; border: 1px solid black; padding: 2px;">1400.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 0 2 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> 81022.C19549</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">1000.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Marion Ashley</p> <p>Mailing Address 1335 Rimrock Dr</p> <p>City Perris State CA Zip Code 92570-6224</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Riverside Court Occupation Superior 5th District</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="float: right; border: 1px solid black; padding: 2px;">205.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 1 5 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> 81022.C19519</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">205.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Robert Assaf</p> <p>Mailing Address 15860 Sawpit Road</p> <p>City Jacksonville State FL Zip Code 32226</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Liberty Ambulance Service Occupation c.e.o</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="float: right; border: 1px solid black; padding: 2px;">750.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 0 6 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> 81022.C19536</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">300.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1505.00</span>
<b>TOTAL</b> 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 / 37
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Margit Chiriaco Rusche		Date of Receipt
	Mailing Address 62450 Chiriaco Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Indio	CA	92201-8202
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 81022.C19518
Name of Employer Self Employed		Occupation self employed	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 205.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas Dickinson		Date of Receipt
	Mailing Address 2229 McClellan Pkwy		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 5 / 2 0 0 8
	City	State	Zip Code
	Sarasota	FL	34239-3712
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 81022.C19551
Name of Employer retired		Occupation retired	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 500.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Susan H. Earl		Date of Receipt
	Mailing Address 945 Wedge Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Naples	FL	34103
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 81022.C19553
Name of Employer retired		Occupation retired	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 100.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 805.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input 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	PAGE 7 / 37
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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</b>	Full Name (Last, First, Middle Initial) Norma Lee Fisher	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 324 Palm Dr Apt 1	<b>Transaction ID:</b> 81022.C19533
	City State Zip Code Naples FL 34112-4957	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer retired	Occupation retired	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 269.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Melissa Fouladi	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 2016 Hillyer PI NW	<b>Transaction ID:</b> 81022.C19541
	City State Zip Code Washington DC 20009	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Stoladi Property Group	Occupation vice president	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Furek	Date of Receipt MM / DD / YYYY 10 / 14 / 2008
	Mailing Address 1370 Cutler Ct.	<b>Transaction ID:</b> 81022.C19520
	City State Zip Code Marco Island FL 34145	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer retired	Occupation retired	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> 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 8 / 37
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lori Hamilton		Date of Receipt
	Mailing Address 23 N Beach Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Hobe Sound	FL	33455-2101
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 81022.C19563
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 250.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			Memo
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 0.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
			<b>[MEMO ITEM]</b>
			Macks Joint Fundraiser

<b>B.</b>	Full Name (Last, First, Middle Initial) Darlene Jursinski		Date of Receipt
	Mailing Address 20297 Leopard Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 1 4 / 2 0 0 8
	City	State	Zip Code
	Estero	FL	33928-2026
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 81022.C19524
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 250.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Kevin Jursinski		Date of Receipt
	Mailing Address 20297 Leopard Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 1 4 / 2 0 0 8
	City	State	Zip Code
	Estero	FL	33928-2026
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 81022.C19525
Name of Employer Self Employed		Occupation attorney	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 250.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 600.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 / 37  
(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)  
Carl J. Kuehner  
 Mailing Address 900 Broad Avenue, S., #2C  
 City State Zip Code  
Naples FL 34102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation real estate investor  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00  
 Date of Receipt 10 / 01 / 2008  
**Transaction ID:** 81014.C19509  
 Amount of Each Receipt this Period 500.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Hugh Loud  
 Mailing Address PO Box 11660  
 City State Zip Code  
Aspen CO 81612-9509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation Information Requested  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00  
 Date of Receipt 10 / 15 / 2008  
**Transaction ID:** 81022.C19565  
 Amount of Each Receipt this Period 250.00  
 Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Macks Joint Fundraiser

**C.** Full Name (Last, First, Middle Initial)  
Marjorie Mathers  
 Mailing Address 4912 Orange Grove Blvd.  
 City State Zip Code  
Fort Myers FL 33903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Red Diamond Real Estate Occupation broker  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 475.00  
 Date of Receipt 10 / 06 / 2008  
**Transaction ID:** 81022.C19543  
 Amount of Each Receipt this Period 50.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 550.00  
**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 10 / 37
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Linda McCausland	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 609 W Francis St	<b>Transaction ID:</b> 81022.C19560
	City State Zip Code Aspen CO 81611-1236	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> Macks Joint Fundraiser
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 0.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Muhammed Y. Memon	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 2400 Harbor Blvd., #10	<b>Transaction ID:</b> 81014.C19507
	City State Zip Code Port Charlotte FL 33952	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Connie Micklavzina	Date of Receipt MM / DD / YYYY 10 / 02 / 2008
	Mailing Address 1654 Joeline Court	<b>Transaction ID:</b> 81022.C19547
	City State Zip Code Winter Park FL 32789-5916	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Employed	Occupation physician	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> 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 11 / 37
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Miksa		Date of Receipt MM / DD / YYYY 10 / 12 / 2008
	Mailing Address 2071 S.E. 28th Street		Transaction ID: 81022.C19521
	City Cape Coral	State FL	Zip Code 33904
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Self Employed	Occupation surgeon	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2750.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Leslie C. Mozingo		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 4315 Woodbourne Dr.		Transaction ID: 81022.C19556
	City Clemmons	State NC	Zip Code 27012
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer The Ferguson Group	Occupation lobbyist	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Freeman Patten		Date of Receipt MM / DD / YYYY 10 / 04 / 2008
	Mailing Address 7350 Reserve Creek Dr.		Transaction ID: 81022.C19550
	City Port Saint Lucie	State FL	Zip Code 34986
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
	Name of Employer retired	Occupation retired	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2100.00
<b>TOTAL</b> 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 12 / 37
	<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bonne Posma		Date of Receipt
	Mailing Address 12946 Kedleston Cir		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 7 / 2 0 0 8
	City	State	Zip Code
	Fort Myers	FL	33912-6605
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 81022.C19542
Name of Employer Saminco Inc.		Occupation Director of Companies	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 1200.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Jim Rideoutte		Date of Receipt
	Mailing Address 1125 Wildwood Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Naples	FL	34105-3211
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 81022.C19538
Name of Employer Self Employed		Occupation consultant	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 500.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Carl Schultz		Date of Receipt
	Mailing Address 13785 Bald Cypress Cir		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 5 / 2 0 0 8
	City	State	Zip Code
	Fort Myers	FL	33907-1843
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 81022.C19539
Name of Employer Cape Coral Emergency		Occupation physician	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 50.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			Receipt
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 400.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1550.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 37  
(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)  
A. J. Scribante

Mailing Address 2969 Wulfert Rd

City State Zip Code  
Sanibel FL 33957-2214

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

Name of Employer Occupation  
Vital Learning chairman/c.e.o.

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: 81022.C19564

Amount of Each Receipt this Period  
500.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Macks Joint Fundraiser

**B.** Full Name (Last, First, Middle Initial)  
David Smith

Mailing Address 225 Gulf Shore Blvd. N

City State Zip Code  
Naples FL 34102-8449

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

Name of Employer Occupation  
retired retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: 81022.C19552

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Stephen Smith

Mailing Address 3354 Mandeville Canyon Rd

City State Zip Code  
Los Angeles CA 90049-1018

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: 81022.C19558

Amount of Each Receipt this Period  
250.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Macks Joint Fundraiser

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

**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 14 / 37
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Ann Stiles		Date of Receipt
	Mailing Address 315 Plant Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 0 7 / 2 0 0 8
	City	State	Zip Code
	Tampa	FL	33606
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 81022.C19545
Name of Employer Stiles, Taylor & Grace, P.A.		Occupation attorney	Amount of Each Receipt this Period 250.00
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 350.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Augusto Villalon		Date of Receipt
	Mailing Address 3859 Cruz Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Saint James City	FL	33956
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 81022.C19535
Name of Employer Self Employed		Occupation Engineer/Consultant	Amount of Each Receipt this Period 200.00
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1350.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Lou Vlasho		Date of Receipt
	Mailing Address 700 Fifth Avenue, South		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 1 4 / 2 0 0 8
	City	State	Zip Code
	Naples	FL	34102
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 81022.C19522
Name of Employer Rimaco Co.		Occupation vice-president	Amount of Each Receipt this Period 1000.00
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3000.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1450.00</b>
<b>TOTAL</b> 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 15 / 37
	(check only one)	
<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Carol Walter		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 189 E. Lake Shore Dr 6th Fl		Transaction ID: 81022.C19562
	City Chicago	State IL	Zip Code 60611
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Information Requested	Occupation Information Requested	Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> Macks Joint Fundraiser

<b>B.</b>	Full Name (Last, First, Middle Initial) Lawrence Winnerman		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 570 S Riverside Ave		Transaction ID: 81022.C19567
	City Aspen	State CO	Zip Code 81611-2229
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Information Requested	Occupation Information Requested	Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> Macks Joint Fundraiser

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	10260.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 37  
(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)  
American Council of Engineering PAC

Mailing Address 1015 15th Street NW  
Suite 802

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 10 / 15 / 2008  
Transaction ID: 81022.C19544  
Amount of Each Receipt this Period 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
B & D Pac

Mailing Address 300 N Meridian St Ste 2700  
Suite 2700

City Indianapolis State IN Zip Code 46204-1750

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 15 / 2008  
Transaction ID: 81022.C19532  
Amount of Each Receipt this Period 500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Collier County Medical Society

Mailing Address Political Action Committee  
1148 Goodlette Rd N

City Naples State FL Zip Code 34102

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 01 / 2008  
Transaction ID: 81014.C19508  
Amount of Each Receipt this Period 500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

**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 17 / 37  
(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)  
Darden Rest., Inc. Emp. Good Govt. Fund

Mailing Address 5900 Lake Ellenor Drive  
P.O. Box 593330

City Orlando State FL Zip Code 32809

FEC ID number of contributing federal political committee. **C** C00108282

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt 10 / 02 / 2008  
**Transaction ID:** 81022.C19554  
 Amount of Each Receipt this Period 2500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Free And Strong America Pac, Inc

Mailing Address PO Box 79226

City Waverley State MA Zip Code 02479-0226

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4435.00

Date of Receipt 10 / 08 / 2008  
**Transaction ID:** 81022.C19531  
 Amount of Each Receipt this Period 800.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
KochPAC

Mailing Address 655 15th Street, NW  
Suite 445

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt 10 / 15 / 2008  
**Transaction ID:** 81022.C19555  
 Amount of Each Receipt this Period 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4300.00

**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 18 / 37	
	(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)  
Publix Supermarkets, Inc. Associates PAC

Mailing Address PO Box 407

City State Zip Code  
Lakeland FL 33802-0407

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

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

Transaction ID: 81022.C19537

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	8300.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 37  
(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)  
Macks Joint Victory Fund

Mailing Address PO Box 65168

City	State	Zip Code
Washington	DC	20035-5168

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

Name of Employer	Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 3892.94

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 8

Transaction ID: 81022.C19557

Amount of Each Receipt this Period  
 3892.94

Transfers From Affil./Auth.  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3892.94
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3892.94

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc.  Mailing Address 16 N. Astor Street  City Irvington State NY Zip Code 10533-  Purpose of Disbursement Political Consulting 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: 81014.E4410 Date of Disbursement 10 / 10 / 2008  Amount of Each Disbursement this Period 2000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  POLITICAL CONSULTING FEE
<b>B.</b>	Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc.  Mailing Address 16 N. Astor Street  City Irvington State NY Zip Code 10533-  Purpose of Disbursement Expense Reimbursement 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: 81014.E4412 Date of Disbursement 10 / 10 / 2008  Amount of Each Disbursement this Period 1437.34  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  EXPENSE REIMBURSEMENT
<b>C.</b>	Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc.  Mailing Address 16 N. Astor Street  City Irvington State NY Zip Code 10533-  Purpose of Disbursement Survey work 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: 81014.E4411 Date of Disbursement 10 / 10 / 2008  Amount of Each Disbursement this Period 10000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SURVEY WORK

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	13437.34
<b>TOTAL</b> 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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jamestown Associates  Mailing Address 5 Mapletown Road, #300  City Princeton State NJ Zip Code 08540-  Purpose of Disbursement Radio Buys 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: 81014.E4408 Date of Disbursement 10 / 07 / 2008  Amount of Each Disbursement this Period 1740.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>RADIO BUYS</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Jamestown Associates  Mailing Address 5 Mapletown Road, #300  City Princeton State NJ Zip Code 08540-  Purpose of Disbursement media buys 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: 81014.E4426 Date of Disbursement 10 / 10 / 2008  Amount of Each Disbursement this Period 54089.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>MEDIA BUYS</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Rob Jennings  Mailing Address American Event Consulting, Inc. 501 L St NW  City Washington State DC Zip Code 20001-  Purpose of Disbursement fundraising consulting 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: 81014.E4405 Date of Disbursement 10 / 01 / 2008  Amount of Each Disbursement this Period 1000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>FUNDRAISING CONSULTING FEE</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**56829.00**

**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) Mr. Patrick McQuillan  Mailing Address 732 N Cleveland St  City Arlington State VA Zip Code 22201-1912  Purpose of Disbursement fundraising consulting 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: 81014.E4404 Date of Disbursement 10 / 01 / 2008  Amount of Each Disbursement this Period 2000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>FUNDRAISING CONSULTING FEE</b>
B.	Full Name (Last, First, Middle Initial) Florida Business Information, Inc.  Mailing Address PO Box 193  City Bell State FL Zip Code 32619-  Purpose of Disbursement newspaper clipping service 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: 81014.E4416 Date of Disbursement 10 / 10 / 2008  Amount of Each Disbursement this Period 130.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>NEWSPAPER CLIPPING SERVICE</b>
C.	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: 81022.E4467 Date of Disbursement 10 / 15 / 2008  Amount of Each Disbursement this Period 44.64  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>FUNDRAISING FEE</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2174.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box for total)

**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)  
Business Card (formerly Platinum Plus)

Mailing Address PO Box 15710

City Wilmington State DE Zip Code 19886-5710

Purpose of Disbursement  
credit card fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81014.E4425

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

20.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD FEES

B.

Full Name (Last, First, Middle Initial)  
Stan Lindsey Photography, Inc

Mailing Address 4985 Tallowood Way

City Naples State FL Zip Code 34116-

Purpose of Disbursement  
Photography Service Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81014.E4420

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

1049.40

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PHOTOGRAPHY SERVICE FEE

C.

Full Name (Last, First, Middle Initial)  
American Express

Mailing Address P. O. Box 360002

City Fort Lauderdale State FL Zip Code 33336-

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: 81015.E4429

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

7362.03

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) .....

8431.43

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

<b>A.</b>	Full Name (Last, First, Middle Initial) The Capital Grille  Mailing Address 601 Pennsylvania Ave., N.W.  City Washington State DC Zip Code 20004-  Purpose of Disbursement meals 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: 81015.E4446 Date of Disbursement 10 / 10 / 2008  Amount of Each Disbursement this Period 301.45  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
<b>B.</b>	Full Name (Last, First, Middle Initial) Castaways  Mailing Address 2025 Davis Blvd  City Naples State FL Zip Code 34101-  Purpose of Disbursement meals 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: 81015.E4456 Date of Disbursement 10 / 10 / 2008  Amount of Each Disbursement this Period 57.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
<b>C.</b>	Full Name (Last, First, Middle Initial) All Road Communications  Mailing Address 2222 4th Ave Ste A  City San Diego State CA Zip Code 92101-2112  Purpose of Disbursement Satellite Telephone Rental 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: 81015.E4445 Date of Disbursement 10 / 10 / 2008  Amount of Each Disbursement this Period 246.70  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SATELLITE TELEPHONE RENTAL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) The Grape <hr/> Mailing Address 23161 Village Shops Way <hr/> City Estero State FL Zip Code 33928- <hr/> Purpose of Disbursement meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E4460 Date of Disbursement 10 / 10 / 2008
	Amount of Each Disbursement this Period 243.70
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: MEALS
	Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless <hr/> Mailing Address PO Box 31488 <hr/> City Tampa State FL Zip Code 33631-3488 <hr/> Purpose of Disbursement telephone service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E4437 Date of Disbursement 10 / 10 / 2008
	Amount of Each Disbursement this Period 103.99
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: TELEPHONE SERVICE
	Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless <hr/> Mailing Address PO Box 31488 <hr/> City Tampa State FL Zip Code 33631-3488 <hr/> Purpose of Disbursement Telephone Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E4439 Date of Disbursement 10 / 10 / 2008
	Amount of Each Disbursement this Period 531.94
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: TELEPHONE SERVICE
	Category/Type

**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)  
Bonita Springs Self Storage

Mailing Address 8953 Terrene Court

City Bonita Springs State FL Zip Code 34135-

Purpose of Disbursement  
storage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81015.E4465

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

157.94

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: STORAGE

B.

Full Name (Last, First, Middle Initial)  
Capitol Hill Club

Mailing Address 300 First Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
meals

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81015.E4435

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

292.48

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

C.

Full Name (Last, First, Middle Initial)  
Capitol Hill Club

Mailing Address 300 First Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
meals

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81015.E4449

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

124.77

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Embassy Suites- Estero  Mailing Address 10450 Corkscrew Commons Dr  City Estero State FL Zip Code 33928-9423  Purpose of Disbursement Fundraising Expense- 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: 81015.E4440 Date of Disbursement 10 / 10 / 2008  Amount of Each Disbursement this Period 108.72  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE-LODGING
<b>B.</b>	Full Name (Last, First, Middle Initial) Embassy Suites- Estero  Mailing Address 10450 Corkscrew Commons Dr  City Estero State FL Zip Code 33928-9423  Purpose of Disbursement Fundraising Expense- 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: 81015.E4441 Date of Disbursement 10 / 10 / 2008  Amount of Each Disbursement this Period 313.34  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE-LODGING
<b>C.</b>	Full Name (Last, First, Middle Initial) FedEx  Mailing Address P. O. Box 1140  City Memphis State TN Zip Code 38101-  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: 81015.E4452 Date of Disbursement 10 / 10 / 2008  Amount of Each Disbursement this Period 34.51  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: EXPRESS MAIL DELIVERY

**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)  
FedEx

Transaction ID: 81015.E4453  
Date of Disbursement

Mailing Address P. O. Box 1140

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

City Memphis State TN Zip Code 38101-

Amount of Each Disbursement this Period

43.17
-------

Purpose of Disbursement  
express mail delivery

Category/ Type
-------------------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

**[MEMO ITEM]**

MEMO: EXPRESS MAIL DELIVE-  
RY

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
FedEx

Transaction ID: 81015.E4457  
Date of Disbursement

Mailing Address P. O. Box 1140

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

City Memphis State TN Zip Code 38101-

Amount of Each Disbursement this Period

47.75
-------

Purpose of Disbursement  
express mail delivery

Category/ Type
-------------------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

**[MEMO ITEM]**

MEMO: EXPRESS MAIL DELIVE-  
RY

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
FedEx

Transaction ID: 81015.E4458  
Date of Disbursement

Mailing Address P. O. Box 1140

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

City Memphis State TN Zip Code 38101-

Amount of Each Disbursement this Period

38.94
-------

Purpose of Disbursement  
express mail delivery

Category/ Type
-------------------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

**[MEMO ITEM]**

MEMO: EXPRESS MAIL DELIVE-  
RY

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00
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**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)  
Pelican Marsh Golf Club

Mailing Address 1810 Persimmon Dr

City Naples State FL Zip Code 34109-0308

Purpose of Disbursement  
meals

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81015.E4459  
Date of Disbursement

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

Amount of Each Disbursement this Period

56.28
-------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
MEMO: MEALS

B.

Full Name (Last, First, Middle Initial)  
US Airways

Mailing Address 7 Park Center

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement  
travel expense- airline ticket

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81015.E4447  
Date of Disbursement

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

Amount of Each Disbursement this Period

272.00
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
MEMO: TRAVEL EXPENSE- AIR-LINE TICKET

C.

Full Name (Last, First, Middle Initial)  
US Airways

Mailing Address 7 Park Center

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement  
travel expense- airline ticket

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81015.E4448  
Date of Disbursement

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

Amount of Each Disbursement this Period

442.00
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
MEMO: TRAVEL EXPENSE- AIR-LINE TICKET

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00
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**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) US Airways  Mailing Address 7 Park Center  City Pittsburgh State PA Zip Code 15220-  Purpose of Disbursement travel expense- airline ticket 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: 81015.E4442 Date of Disbursement 10 / 10 / 2008  Amount of Each Disbursement this Period 233.50  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE- AIR-LINE TICKET
B.	Full Name (Last, First, Middle Initial) Verizon Wireless  Mailing Address 131 North Court House Rd  City Arlington State VA Zip Code 22201-  Purpose of Disbursement cell phone service 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: 81015.E4443 Date of Disbursement 10 / 10 / 2008  Amount of Each Disbursement this Period 203.39  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CELL PHONE SERVICE
C.	Full Name (Last, First, Middle Initial) American Airlines  Mailing Address 4333 Amon Carter Blvd  City Fort Worth State TX Zip Code 76155-  Purpose of Disbursement travel expense- airline ticket 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: 81015.E4438 Date of Disbursement 10 / 10 / 2008  Amount of Each Disbursement this Period 786.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE- AIR-LINE TICKET

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
American Airlines

Mailing Address 4333 Amon Carter Blvd

City State Zip Code  
Fort Worth TX 76155-

Purpose of Disbursement  
travel expense- airline ticket

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81015.E4451  
Date of Disbursement

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

Amount of Each Disbursement this Period

385.00
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: TRAVEL EXPENSE- AIR-LINE TICKET

B.

Full Name (Last, First, Middle Initial)  
The Veranda

Mailing Address

City State Zip Code  
Naples FL 34109-

Purpose of Disbursement  
Fundraising expense- catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81015.E4464  
Date of Disbursement

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

Amount of Each Disbursement this Period

617.79
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: FUNDRAISING EXPENSE-CATERING

C.

Full Name (Last, First, Middle Initial)  
Vergina

Mailing Address 700 5th Ave S

City State Zip Code  
Naples FL 34102-6604

Purpose of Disbursement  
meals

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81015.E4454  
Date of Disbursement

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

Amount of Each Disbursement this Period

8.36
------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00
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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) Arent Fox LLP	Transaction ID: 81014.E4414 Date of Disbursement 10 / 10 / 2008
	Mailing Address 1050 Connecticut Ave NW	Amount of Each Disbursement this Period 4994.30
	City Washington State DC Zip Code 20036-5308	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement legal accounting and admin fees Candidate Name	LEGAL ACCOUNTING AND ADMIN FEES
	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) ▼

B.	Full Name (Last, First, Middle Initial) Aristotle International	Transaction ID: 81014.E4419 Date of Disbursement 10 / 10 / 2008
	Mailing Address 205 Pennsylvania Avenue, SE	Amount of Each Disbursement this Period 2100.00
	City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Database #8 of 8 Candidate Name	DATABASE #8 OF 8
	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) ▼

C.	Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless	Transaction ID: 81014.E4407 Date of Disbursement 10 / 01 / 2008
	Mailing Address PO Box 31488	Amount of Each Disbursement this Period 429.32
	City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement cell phone service Candidate Name	CELL PHONE SERVICE
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7523.62</b>
<b>TOTAL</b> 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><b>A.</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 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><b>Transaction ID:</b> 81014.E4422</p> <p>Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 22.32</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CREDIT CARD: SEE BELOW</b></p>
<p><b>B.</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 Finance Charges</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><b>Transaction ID:</b> 81014.E4423</p> <p>Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 5.37</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: FINANCE CHARGES</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) eFax</p> <p>Mailing Address j2 Global Communications 6922 Hollywood Blvd</p> <p>City Los Angeles State CA Zip Code 90028-</p> <p>Purpose of Disbursement fax services</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><b>Transaction ID:</b> 81014.E4424</p> <p>Date of Disbursement 10 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 16.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: FAX SERVICES</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	22.32
<b>TOTAL</b> 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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Jivaldi LLC</p> <p>Mailing Address 707 MOUNT Errigal Pl</p> <p>City Lincoln State CA Zip Code 95648-</p> <p>Purpose of Disbursement website maintenance</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><b>Transaction ID:</b> 81014.E4418</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="881.25"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>WEBSITE MAINTENANCE</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) J.M. Williams &amp; Associates, Llc</p> <p>Mailing Address 522 E Park Ave Ste 201 Suite 201</p> <p>City Tallahassee State FL Zip Code 32301-2583</p> <p>Purpose of Disbursement Travel expense</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><b>Transaction ID:</b> 81014.E4409</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1673.78"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>TRAVEL EXPENSE</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Line 1 Communications</p> <p>Mailing Address 3400 Birchwood Manor</p> <p>City Tallahassee State FL Zip Code 32312-</p> <p>Purpose of Disbursement fax/email services</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><b>Transaction ID:</b> 81014.E4415</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1152.68"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>FAX/EMAIL SERVICES</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="3707.71"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

**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) SCM Associates, Inc.	Transaction ID: 81014.E4413 Date of Disbursement 10 / 10 / 2008
	Mailing Address 1283 Main Street PO Box 254	Amount of Each Disbursement this Period 5922.75
	City Dublin State NH Zip Code 03444-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement direct mail and telemarketing Candidate Name	Category/Type
	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) ▼
		<b>DIRECT MAIL AND TELEMARKETING</b>

B.	Full Name (Last, First, Middle Initial) Sprint - Embarq	Transaction ID: 81014.E4417 Date of Disbursement 10 / 10 / 2008
	Mailing Address P.O. Box 740602	Amount of Each Disbursement this Period 81.94
	City Cincinnati State OH Zip Code 45274-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement telephone Candidate Name	Category/Type
	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) ▼
		<b>TELEPHONE</b>

C.	Full Name (Last, First, Middle Initial) St. Regis Resort Aspen	Transaction ID: 81015.E4431 Date of Disbursement 10 / 10 / 2008
	Mailing Address 315 E Dean St	Amount of Each Disbursement this Period 1265.50
	City Aspen State CO Zip Code 81611-1807	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Macks JVF Advance- lodging Candidate Name	Category/Type
	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) ▼
		<b>[MEMO ITEM] MEMO: MACKS JVF ADVANCE-LODGING</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**6004.69**

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

**98130.75**

**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 36 / 37

<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 checked="" 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)  
Free And Strong America Pac, Inc

Mailing Address PO Box 79226

City Waverley State MA Zip Code 02479-0226

Purpose of Disbursement  
Refund of Contribution excessive contrib

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

010  
Category/  
Type

Transaction ID: 81022.E4468

Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

635.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

635.00

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

635.00

**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)

PAGE 37 / 37

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input checked="" 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)

A. J. Scribante

Mailing Address 2969 Wulfert Rd

City Sanibel State FL Zip Code 33957-2214

Purpose of Disbursement  
Refund of Contribution excessive contrib

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81022.E4470

Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

500.00

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

500.00