

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

RECEIVED  
OFFICE OF THE CLERK OF THE SENATE

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

12 OCT 27 PM 6:20

Re: 48 Hour Notice of Contributions – FEC Form 6

Number of pages (including cover): 7

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

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

12021060438

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

RECEIVED  
SECRETARY OF THE SENATE

12 OCT 27 PM 6:20

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

1. NAME OF COMMITTEE IN FULL <b>Friends of Connie Mack, Inc.</b>			
ADDRESS (number and street) <b>P.O. Box 519</b>			
CITY, STATE, and ZIP CODE <b>Naples FL 34106</b>			
2. NAME OF CANDIDATE <b>Rep. Connie Mack</b>		3. OFFICE SOUGHT (State and District) <b>Senate FL</b>	4. FEC IDENTIFICATION NUMBER <b>C00391243</b>
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING		<input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____	

A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
<b>Peter W. Busch</b>  2170 Via Fuente  Vero Beach, FL 32963-4301	<b>Southern Eagle Distributing</b>	<b>10/24/2012</b>	<b>2500.00</b>
	<b>Transaction ID : 6D8FEB42858FE41B</b> Occupation <b>CEO/President</b>		
<b>Wayne Heffernan</b>  752 Wynfield Cir.  Saint Augustine, FL 32092-0405	<b>Island Doctors</b>	<b>10/24/2012</b>	<b>2500.00</b>
	<b>Transaction ID : 6B5AEBBCC35E642D</b> Occupation <b>Physician</b>		
<b>Mr. John L. McReynolds</b>  173 Donner Drive  Winter Garden, FL 34787-6542	<b>Universal Orlando</b>	<b>10/24/2012</b>	<b>1000.00</b>
	<b>Transaction ID : 66FD77856AE324C2E</b> Occupation <b>V.p. Govt. Relations</b>		
<b>Laura Villaverde</b>  408 Friar Tuck Lane  Saint Augustine, FL 32092-1756	<b>Island Doctors</b>	<b>10/24/2012</b>	<b>2500.00</b>
	<b>Transaction ID : 6428DA1A418DB4A2</b> Occupation <b>Administration</b>		
<b>Thomas Corr</b>  3001 Ocean Dr., Ste. 203  Vero Beach, FL 32963-1992	<b>Information Requested</b>	<b>10/24/2012</b>	<b>2500.00</b>
	<b>Transaction ID : 60CCE5BFBFC29402</b> Occupation <b>Information Requested</b>		

SIGNATURE (optional) <i>Craig Engle</i>	DATE 10/26/2012	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee

**FEC FORM 6**  
(Revised 07/2011)

12021060439

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1. NAME OF COMMITTEE IN FULL <b>Friends of Connie Mack, Inc.</b>			
ADDRESS (number and street) P.O. Box 519			
CITY, STATE, and ZIP CODE Naples FL 34106		<b>continuation page</b>	
2. NAME OF CANDIDATE Rep. Connie Mack			
3. OFFICE SOUGHT (State and District) Senate FL		4. FEC IDENTIFICATION NUMBER C00391243	
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
Joseph Williams 2525 Deer Wood Ave. Saint Augustine FL 32084-8307	Joe Pitt  Transaction ID : 6BD1D3662CB91476DBB1 Occupation Trucking	10/24/2012	2500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
Roy Hinman 100 Arricola Ave. Saint Augustine FL 32080-4515	Island Doctors  Transaction ID : 63493C7BB7D6649F6BB6 Occupation MD	10/24/2012	2500.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
George Sadowski PO Box 3127 Saint Augustine FL 32085-3127	Leiberg Inc.  Transaction ID : 6FD35FD4E2DE94191B29 Occupation Real Estate	10/24/2012	2500.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
Daniel Donofrio 33 Anastasia Lakes Dr. Saint Augustine FL 32080-9197	Island Doctors  Transaction ID : 6918B41AA55894845BDC Occupation Medical Doctor	10/24/2012	2400.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
Bernetta Hawbaker 2190 Rothbury Dr Jacksonville FL 32221-1958	Retired  Transaction ID : 6F9787903DFA54901A3C Occupation Retired	10/24/2012	1000.00

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**FEC FORM 6**  
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12021060440

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

RECEIVED  
SECRETARY OF THE SEA

12 OCT 27 PM 6: 2

To be used to report all contributions (including loans) of \$1000 or more, received within 70 days of the election

1. NAME OF COMMITTEE IN FULL <b>Friends of Connie Mack, Inc.</b>				
ADDRESS (number and street) P.O. Box 519				
CITY, STATE, AND ZIP CODE Naples FL 34108		<i>continuation page</i>		
2. NAME OF CANDIDATE Rep. Connie Mack	3. OFFICE SOUGHT (State and District) Senate FL	4. FEC IDENTIFICATION NUMBER C00391243		
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				
A. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month, day, year)	Amount
Robert Harris 1345 Little Harbour Ln. Vero Beach FL 32963-2501		Information Requested  Transaction ID : 606251747884C44B4B3A Occupation Information Requested	10/24/2012	1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month, day, year)	Amount
John Halston 1345 Trapp Lane Winnelka IL 60093-1632		QLtrading  Transaction ID : 6558A89C52BB0461B85A Occupation Finance	10/24/2012	2500.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month, day, year)	Amount
Albino Villaverde 408 Friar Tuck Lane Saint Augustine FL 32092-1758		Fidelity Information Services  Transaction ID : 6EC4FF7307537470E93A Occupation Computer Programmer	10/24/2012	2500.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month, day, year)	Amount
Dianna Hinman 1800 Adams Acres Rd Saint Augustine FL 32084-9300		Not Employed  Transaction ID : 64540FFB55B444200B1B Occupation Not Employed	10/24/2012	2500.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month, day, year)	Amount
John Sneed P.O. Box 60898 Fort Myers FL 33908-6998		Information Requested  Transaction ID : 652B0F0C11B6046C1872 Occupation Information Requested	10/24/2012	1000.00

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(Revised 07/2011)

12021060441

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

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12 OCT 27 PM 6

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1. NAME OF COMMITTEE IN FULL <b>Friends of Connie Mack, Inc.</b>			
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CITY, STATE, and ZIP CODE Naples FL 34108		<b>continuation page</b>	
2. NAME OF CANDIDATE Rep. Connie Mack	3. OFFICE SOUGHT (State and District) Senate FL	4. FEC IDENTIFICATION NUMBER C00391243	
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE <b>Charles Shartle</b> PO Box 1049 Crockett TX 75835-1049		Name of Employer Information Requested <b>Transaction ID : 6CA6CCE449E6749FC98E</b> Occupation Information Requested	Date (month, day, year) 10/24/2012 Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE <b>Athena Williams</b> 2525 Deer Wood Ave. Saint Augustine FL 32084-8307		Name of Employer Island Doctors <b>Transaction ID : 6EDA562EB14E449F3AA2</b> Occupation Special Projects Manager	Date (month, day, year) 10/24/2012 Amount 2500.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE <b>Amin Khoury</b> 1400 Corporate Center Way Wellington FL 33414-2105		Name of Employer Information Requested <b>Transaction ID : 627E5E81D4B774272A98</b> Occupation Information Requested	Date (month, day, year) 10/24/2012 Amount 2500.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE <b>Mr. William Petty</b> 8717 NW 48th Ln Gainesville FL 32653-3265		Name of Employer Exacelach Inc <b>Transaction ID : 6FB2FE58C0C334C578C3</b> Occupation CEO	Date (month, day, year) 10/24/2012 Amount 1000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE <b>Helmut Makosch</b> Country Rd. 305 Elkton FL 32033		Name of Employer Self Employed <b>Transaction ID : 66C33533C68084614BB6</b> Occupation Self Employed	Date (month, day, year) 10/24/2012 Amount 2500.00

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<b>ADDRESS</b> (number and street) P.O. Box 519			
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<b>2. NAME OF CANDIDATE</b> Rep. Connie Mack	<b>3. OFFICE SOUGHT</b> (State and District) Senate FL	<b>4. FEC IDENTIFICATION NUMBER</b> C00391243	
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____			
<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> Victoria Kistler  333 Hampton Hills Ct.  Debarry FL 32713-4536	<b>Name of Employer</b> Island Doctors  <b>Transaction ID : 6D44128E657444D63BCC</b> <b>Occupation</b> Doctor	<b>Date (month, day, year)</b> 10/24/2012	<b>Amount</b> 2500.00
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> David Culver  10 Cherokee Court E  Palm Coast FL 32137-8938	<b>Name of Employer</b> Island Doctors  <b>Transaction ID : 6FFFF8845A44A45B8A43</b> <b>Occupation</b> Administration	<b>Date (month, day, year)</b> 10/24/2012	<b>Amount</b> 2500.00
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> William Doddridge  15732 Tustin Village Way  Tustin CA 92780-4924	<b>Name of Employer</b> Information Requested  <b>Transaction ID : 622EA45ECEF7A4488B0F</b> <b>Occupation</b> Owner	<b>Date (month, day, year)</b> 10/24/2012	<b>Amount</b> 2000.00
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> Mona Donofrio  33 Anastasia Lakes Drive  Saint Augustine FL 32080-9197	<b>Name of Employer</b> Island Doctors  <b>Transaction ID : 65A8524CC77F9476C9C4</b> <b>Occupation</b> Physician	<b>Date (month, day, year)</b> 10/24/2012	<b>Amount</b> 2500.00
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> Michael Pope  1235 Nochaway Dr.  Saint Augustine FL 32092-3465	<b>Name of Employer</b> Island Doctors  <b>Transaction ID : 6A4590DF317CF4C11BE0</b> <b>Occupation</b> Assistant Administrator	<b>Date (month, day, year)</b> 10/24/2012	<b>Amount</b> 2500.00

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5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Ralph Cox 819 Saint Andrews Blvd. Naples FL 34113-8923		Name of Employer Nursing Network  Transaction ID : 612AFC790E9484988950 Occupation Nurse, Practitioner	Date (month, day, year) 10/24/2012  Amount 2500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Sean Smith 13507 Gainesway Dr Cypress TX 77429-5194		Name of Employer EnCap Investments  Transaction ID : 6D4D0564753C14164966 Occupation Banker	Date (month, day, year) 10/24/2012  Amount 2000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Tara Russo 14 Chippeway Court Palm Coast FL 32137-8934		Name of Employer Island Doctors  Transaction ID : 65B2DF42C52AA4FA0815 Occupation Manager	Date (month, day, year) 10/24/2012  Amount 2500.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Citizens United Political Victory Fund 1006 Pennsylvania Ave., SE Washington DC 20003-2142		Name of Employer   Transaction ID : 6DFF3A2DC822747E493B Occupation	Date (month, day, year) 10/24/2012  Amount 5000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Burger King Franchisee PAC 1701 Barnett Lakes Blvd. NW. Ste. Kennesaw GA 30144-4561		Name of Employer   Transaction ID : 6C05701EFF8864810B7C Occupation	Date (month, day, year) 10/24/2012  Amount 5000.00

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(Revised 07/2011)

12021060444

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark  
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

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

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

POSTMARK ILLEGIBLE  NO POSTMARK

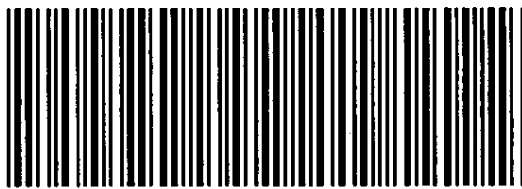
FAX 10-27-12  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER EDO DATE PREPARED 10-27-12

12021060445





12021060446