

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Friends of Connie Mack

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

Check if different than previously reported. (ACC) Naples FL 34106

2. **FEC IDENTIFICATION NUMBER** C00391243 **CITY** **STATE** FL **ZIP CODE** 34106 **STATE** FL **DISTRICT** 14

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 11 04 2008 in the State of FL

(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 07 01 2008 through 08 06 2008

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

Type or Print Name of Treasurer Craig Engle

Signature of Treasurer Electronically Filed by Craig Engle Date 08 14 2008

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

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Connie Mack

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
0	6

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)).....	48124.00	1125278.21
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	48124.00	1125078.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	72145.38	684012.83
(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)).....	72145.38	679805.35
8. Cash on Hand at Close of Reporting Period (from Line 27).....	700861.88	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Friends of Connie Mack

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
0	6

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).....

22437.00

801242.79

(ii) Unitemized.....

4187.00

65472.67

(iii) TOTAL of contributions

26624.00

866715.46

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

21500.00

258562.75

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

48124.00

1125278.21

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

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

0.00

4207.48

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

0.00

0.00

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

48124.00

1129485.69

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	72145.38	684012.83
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	200.00
21. OTHER DISBURSEMENTS.....	0.00	4100.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	72145.38	688312.83

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	724883.26
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	48124.00
25. SUBTOTAL (add Line 23 and Line 24).....	773007.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	72145.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	700861.88

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 55
(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)
Clement Allen

Mailing Address 4805 King Richard Road

City State Zip Code
Jacksonville FL 32210

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) ▼ 300.00

Date of Receipt MM / DD / YYYY
08 / 01 / 2008

Transaction ID: 80814.C19140

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
W. Douglas Badger

Mailing Address 5495 Bluecoat Ln.

City State Zip Code
Columbia MD 21045-2227

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
The Nickles Group partner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt MM / DD / YYYY
07 / 26 / 2008

Transaction ID: 80814.C19099

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)
Gary Bickel

Mailing Address 27588 Bayview Drive, S.W.

City State Zip Code
Bonita Springs FL 34134

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) ▼ 1109.00

Date of Receipt MM / DD / YYYY
07 / 01 / 2008

Transaction ID: 80814.C19015

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) 850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Ilene Bickel	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address 27588 Bayview Drive, S.W.	Transaction ID: 80814.C19016
	City State Zip Code Bonita Springs FL 34134	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 Collier County	Occupation teacher	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 609.00	

B.	Full Name (Last, First, Middle Initial) Janice Brinkman	Date of Receipt MM / DD / YYYY 07 / 02 / 2008
	Mailing Address 2008 E Imperial Dr	Transaction ID: 80814.C19055
	City State Zip Code Naples FL 34110-8102	Amount of Each Receipt this Period 37.00
	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 none	Occupation none	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 229.00	

C.	Full Name (Last, First, Middle Initial) Anne Brown	Date of Receipt MM / DD / YYYY 07 / 26 / 2008
	Mailing Address 1020 Palm View Dr # 301-2	Transaction ID: 80814.C19130
	City State Zip Code Naples FL 34110-1280	Amount of Each Receipt this Period 50.00
	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 real estate sales	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	337.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 55
(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)
Charles Brumback

Mailing Address 1400 Harbor Dr

City State Zip Code
Sarasota FL 34239-2014

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 07 / 01 / 2008
Transaction ID: 80814.C19028

Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
William Combs

Mailing Address 38 W Snapper Point Dr

City State Zip Code
Key Largo FL 33037-3788

FEC ID number of contributing federal political committee. C

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 02 / 2008
Transaction ID: 80814.C19040

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Richard Copely

Mailing Address 5109 The Oaks Cir

City State Zip Code
Orlando FL 32809-3050

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 07 / 01 / 2008
Transaction ID: 80814.C19030

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) 1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 55
(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

<p>A. Full Name (Last, First, Middle Initial) Christopher Donahue</p> <p>Mailing Address 1300 Beechwood Blvd</p> <p>City State Zip Code Pittsburgh PA 15217</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Federated Investors Occupation president</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 4600.00</p>	<p>Date of Receipt 07 / 01 / 2008</p> <p>Transaction ID: 80814.C19058</p> <p>Amount of Each Receipt this Period 2300.00</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. Full Name (Last, First, Middle Initial) Donald L. Fierce</p> <p>Mailing Address 600 New Hampshire Ave., N.W., #100</p> <p>City State Zip Code Washington DC 20037</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Fierce & Associates Occupation govt. relations</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt 07 / 31 / 2008</p> <p>Transaction ID: 80814.C19100</p> <p>Amount of Each Receipt this Period 1000.00</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>C. Full Name (Last, First, Middle Initial) Melissa C. Foxman</p> <p>Mailing Address 9614 Dewmar Lane</p> <p>City State Zip Code Kensington MD 20895-3634</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blank Rome Occupation govt relations</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt 07 / 29 / 2008</p> <p>Transaction ID: 80814.C19092</p> <p>Amount of Each Receipt this Period 250.00</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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SUBTOTAL of Receipts This Page (optional)	3550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 55
(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)
Susan Furek
Mailing Address 1370 Cutler Ct
City Marco Island State FL Zip Code 34145-5841
FEC ID number of contributing federal political committee. C

Date of Receipt 07 / 08 / 2008
Transaction ID: 80814.C18988
Amount of Each Receipt this Period 250.00

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

Name of Employer Information Requested Occupation Information Requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
Chris M. Giblin
Mailing Address 1304 Chancel Place
City Alexandria State VA Zip Code 22314
FEC ID number of contributing federal political committee. C

Date of Receipt 07 / 29 / 2008
Transaction ID: 80814.C19095
Amount of Each Receipt this Period 500.00

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

Name of Employer Ogilvy Government Relations Occupation senior vice president
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

C. Full Name (Last, First, Middle Initial)
Amy Gravina
Mailing Address 1370 Gasparilla Dr
City Fort Myers State FL Zip Code 33901-7712
FEC ID number of contributing federal political committee. C

Date of Receipt 07 / 24 / 2008
Transaction ID: 80814.C19137
Amount of Each Receipt this Period 500.00

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

Name of Employer Gravina, Smith & Matte Occupation Partner/Public Relations
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) 1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 55
(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)
John Hannan

Mailing Address **Laurel Oaks Unit No: 832-105**
832 Tanbark Drive

City **Naples** State **FL** Zip Code **34108-8573**

FEC ID number of contributing federal political committee. C

Name of Employer **retired** Occupation **retired**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt M M / D D / Y Y Y Y
07 / 01 / 2008

Transaction ID: 80714.C18976

Amount of Each Receipt this Period 100.00

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

B. Full Name (Last, First, Middle Initial)
Joseph Harnett

Mailing Address **11090 Turtle Beach Rd**

City **North Palm Beach** State **FL** Zip Code **33408**

FEC ID number of contributing federal political committee. C

Name of Employer **retired** Occupation **retired**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt M M / D D / Y Y Y Y
07 / 09 / 2008

Transaction ID: 80814.C19078

Amount of Each Receipt this Period 1500.00

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

C. Full Name (Last, First, Middle Initial)
Karen Hendry

Mailing Address **711 W Main St**

City **Immokalee** State **FL** Zip Code **34142-3938**

FEC ID number of contributing federal political committee. C

Name of Employer **Bruce Hendry Insurance** Occupation **insurance agent**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt M M / D D / Y Y Y Y
07 / 25 / 2008

Transaction ID: 80814.C19086

Amount of Each Receipt this Period 200.00

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

SUBTOTAL of Receipts This Page (optional) 1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 55
(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)
Stacey Hughes

Mailing Address 314 N. Garfield Street

City Arlington State VA Zip Code 22201-1231

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 29 / 2008
Transaction ID: 80814.C19096
 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)
Garry Kief

Mailing Address 8295 S La Cienega Blvd

City Inglewood State CA Zip Code 90301-1521

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

Name of Employer Stiletto Entertainment Occupation producer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 25 / 2008
Transaction ID: 80814.C19087
 Amount of Each Receipt this Period 1000.00

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

C.

Full Name (Last, First, Middle Initial)
Hazen Marshall

Mailing Address 7852 Middy Ln

City Alexandria State VA Zip Code 22306-2724

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

Name of Employer The Nickles Group Occupation partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2008
Transaction ID: 80814.C19098
 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 55
(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)
Tina Matte

Mailing Address 9051 Pittsburgh Blvd

City State Zip Code
Fort Myers FL 33912-7206

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

Name of Employer Occupation
Gravina, Smith & Matte Partner/Public Relations

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

Date of Receipt
MM / DD / YYYY
07 / 23 / 2008

Transaction ID: 80814.C19071

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)
Connie McCormick

Mailing Address 12833 Yacht Club Circle

City State Zip Code
Fort Myers FL 33919

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) ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2008

Transaction ID: 80814.C19141

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Dan McGahey

Mailing Address 1031 Bayshore Ave

City State Zip Code
Fort Myers FL 33919-2605

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

Name of Employer Occupation
Gora/McGahey AIA, Inc architect

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2008

Transaction ID: 80814.C19013

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) ▶ **1100.00**

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 13 / 55
(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)
Ellsworth McIntyre

Mailing Address 3590 23rd Ave SW

City Naples State FL Zip Code 34117-6648

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

Name of Employer Grace Community Day Care/- School Occupation Pastor

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

Date of Receipt 07 / 29 / 2008
Transaction ID: 80814.C19115
 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)
Jim McKee

Mailing Address 350 Sedgwick Court

City Naples State FL Zip Code 34108

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

Name of Employer retired Occupation retired

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

Date of Receipt 07 / 14 / 2008
Transaction ID: 80814.C19076
 Amount of Each Receipt this Period 2300.00

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

C. Full Name (Last, First, Middle Initial)
Cynthia Merifield

Mailing Address 3026 N Edison St

City Arlington State VA Zip Code 22207-1807

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) ▼

Date of Receipt 07 / 29 / 2008
Transaction ID: 80814.C19094
 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) ► **3800.00**

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 14 / 55

(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)
John Mitchell, III

Mailing Address 4444 Catheys Club Ln

City State Zip Code
Jacksonville FL 32224-5669

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) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2008

Transaction ID: 80814.C19060

Amount of Each Receipt this Period

250.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Mashantucket Pequot PAC

Mailing Address National Government Affairs Office
101 Constitution Ave, NW

City State Zip Code
Washington DC 20001

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) ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 01 / 2008

Transaction ID: 80814.C19032

Amount of Each Receipt this Period

2000.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
John P. Riley

Mailing Address 3841 Williamson Rd

City State Zip Code
Fort Myers FL 33905-6209

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

Name of Employer Occupation
Steamboat Marina general manager

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2008

Transaction ID: 80814.C18996

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Raymond Rodrigues		Date of Receipt
	Mailing Address 11401 Worcester Run		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 14 / 2008
	City	State	Zip Code
	Estero	FL	33928
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Information Requested		Occupation Information Requested	Transaction ID: 80814.C19085
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> <input type="text"/> 359.00	
			Amount of Each Receipt this Period <input type="text"/> 250.00
			Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Chippewa Indian Trib Saginaw		Date of Receipt
	Mailing Address 7070 E Broadway Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 25 / 2008
	City	State	Zip Code
	Mount Pleasant	MI	48858-8970
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Information Requested		Occupation Information Requested	Transaction ID: 80814.C19105
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> <input type="text"/> 2000.00	
			Amount of Each Receipt this Period <input type="text"/> 2000.00
			Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Mary E. Savary-Taylor		Date of Receipt
	Mailing Address 409 McArthur Ave NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 29 / 2008
	City	State	Zip Code
	Vienna	VA	22180-3563
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Information Requested The Nickles Group		Occupation Information Requested vice president	Transaction ID: 80814.C19097
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> <input type="text"/> 1500.00	
			Amount of Each Receipt this Period <input type="text"/> 500.00
			Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2750.00
TOTAL 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 16 / 55	
	(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

A.	Full Name (Last, First, Middle Initial) Robert S. Walker		Date of Receipt
	Mailing Address 643 Northfield Rd		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lititz	PA	17543-8360
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Wexler & Walker		Occupation public affairs
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

Transaction ID: 80814.C19101

Amount of Each Receipt this Period

Receipt

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

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="22437.00"/>

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

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

FOR LINE NUMBER: PAGE 17 / 55
(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)
Altria Group, Inc. PAC

Mailing Address 101 Connecticut Ave, NW
Suite 400W

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00089136

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 17 / 2008
Transaction ID: 80814.C19065
 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)
American Bankers Association PAC

Mailing Address 1120 Connecticut Avenue, N.W.

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt 07 / 28 / 2008
Transaction ID: 80814.C19133
 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)
American Bankers Association PAC

Mailing Address 1120 Connecticut Avenue, N.W.

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt 07 / 28 / 2008
Transaction ID: 80814.C19132
 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 18 / 55
(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 ▼ 3000.00

Date of Receipt 08 / 06 / 2008
Transaction ID: 80814.C19118

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)
Blank Rome LLP Pac

Mailing Address Watergate
600 New Hampshire Ave, NW

City Washington State DC Zip Code 20037

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 07 / 28 / 2008
Transaction ID: 80814.C19102

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Build PAC - Natl Assn of Home Builders

Mailing Address 1201 15th St NW

City Washington State DC Zip Code 20005-2842

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 08 / 06 / 2008
Transaction ID: 80814.C19116

Amount of Each Receipt this Period 2500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 4500.00

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 19 / 55
(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)
ConocoPhillips Spirit PAC

Mailing Address 1400B Plaza Office Building

City State Zip Code
Bartlesville OK 74004

FEC ID number of contributing federal political committee. **C** C00112896

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2008

Transaction ID: 80814.C19106

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
Cummins Inc. Pac

Mailing Address 601 Pennsylvania Ave NW Ste 625
North Building

City State Zip Code
Washington DC 20004-2601

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
M M / D D / Y Y Y Y
07 / 29 / 2008

Transaction ID: 80814.C19110

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)
Flowers Industries PAC

Mailing Address 1919 Flowers Circle

City State Zip Code
Thomasville GA 31757

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2008

Transaction ID: 80814.C19138

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) ► **3000.00**

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 20 / 55
(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)
FPL Employees PAC

Mailing Address 801 Pennsylvania Avenue NW
Suite 220

City Washington State DC Zip Code 20004-2604

FEC ID number of contributing federal political committee. **C** C00064774

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 07 / 15 / 2008
Transaction ID: 80814.C19119
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)
FPL Employees PAC

Mailing Address 801 Pennsylvania Avenue NW
Suite 220

City Washington State DC Zip Code 20004-2604

FEC ID number of contributing federal political committee. **C** C00064774

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 07 / 15 / 2008
Transaction ID: 80814.C19120
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)
H. J. Heinz Company PAC

Mailing Address 600 Grant St., USX Twr., 60th Fl.

City Pittsburgh State PA Zip Code 15219

FEC ID number of contributing federal political committee. **C** C00336040

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 07 / 24 / 2008
Transaction ID: 80814.C19103
Amount of Each Receipt this Period 2500.00

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

SUBTOTAL of Receipts This Page (optional) ► 3500.00

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 21 / 55
(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)
HSBC North America PAC

Mailing Address 1401 Eye Street, NW
Suite 520

City State Zip Code
Washington DC 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 ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2008

Transaction ID: 80814.C19142

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)
JM Family Enterprises, Inc. PAC

Mailing Address 111 Jim Moran Blvd.

City State Zip Code
Deerfield Beach FL 33442

FEC ID number of contributing federal political committee. **C** C00240911

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
07 / 19 / 2008

Transaction ID: 80814.C19113

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
K & L Gates LLP PAC

Mailing Address 1601 K St NW

City State Zip Code
Washington DC 20006-1682

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2008

Transaction ID: 80814.C19109

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) ► **3000.00**

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 22 / 55
(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)
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 ▼ 6500.00

Date of Receipt 07 / 25 / 2008
Transaction ID: 80814.C19108
 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)
Marlowe PAC

Mailing Address 1667 K Street NW
Suite 480

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00426551

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 29 / 2008
Transaction ID: 80814.C19090
 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)
National Business Aviation Association

Mailing Address 1200 18th St NW Ste 400
Suite 400

City Washington State DC Zip Code 20036-2527

FEC ID number of contributing federal political committee. **C** C00319723

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2008
Transaction ID: 80814.C19104
 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: (check only one)	PAGE 23 / 55
	<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) National Marine Manufacturers Assoc.		Date of Receipt MM / DD / YYYY 07 / 29 / 2008
	Mailing Address Political Action Committee 444 North Capitol Street, NW		Transaction ID: 80814.C19112
	City Washington	State DC	Zip Code 20001
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer	Occupation	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.	Full Name (Last, First, Middle Initial) Raytheon Pac		Date of Receipt MM / DD / YYYY 07 / 28 / 2008
	Mailing Address 1100 Wilson Blvd Suite 1500		Transaction ID: 80814.C19117
	City Arlington	State VA	Zip Code 22209-2297
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Rockwell Collins		Date of Receipt MM / DD / YYYY 07 / 28 / 2008
	Mailing Address Good Government Committee 1300 Wilson Blvd		Transaction ID: 80814.C19111
	City Arlington	State VA	Zip Code 22209
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 55
(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)
Union Pacific PAC

Mailing Address 600 Thirteenth Street, SW
Suite 340

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2008

Transaction ID: 80814.C19114

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)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	21500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Collier County TARS	Transaction ID: 80814.E4291 Date of Disbursement 08 / 04 / 2008
	Mailing Address 194 Tamiami Trl N	Amount of Each Disbursement this Period 250.00
	City Naples State FL Zip Code 34102-6203	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event	EVENT
	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.	Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc.	Transaction ID: 80814.E4223 Date of Disbursement 07 / 15 / 2008
	Mailing Address 16 N. Astor Street	Amount of Each Disbursement this Period 15000.00
	City Irvington State NY Zip Code 10533-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Research Fees	RESEARCH FEES
	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) ▼

C.	Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc.	Transaction ID: 80814.E4224 Date of Disbursement 07 / 15 / 2008
	Mailing Address 16 N. Astor Street	Amount of Each Disbursement this Period 903.00
	City Irvington State NY Zip Code 10533-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Expense Reimbursement	EXPENSE REIMBURSEMENT
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	16153.00
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) 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: 80814.E4222 Date of Disbursement 07 / 15 / 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.	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: 80814.E4290 Date of Disbursement 08 / 04 / 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
C.	Full Name (Last, First, Middle Initial) Sabrina Garcia Mailing Address PO Box 3370 City Palm Springs State CA Zip Code 92263-3370 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: 80814.E4285 Date of Disbursement 07 / 22 / 2008 Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING FEE

SUBTOTAL of Disbursements This Page (optional) ▶	4350.00
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)

PAGE 27 / 55

<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) Jamestown Associates Mailing Address 5 Mapletown Road, #300 City Princeton State NJ Zip Code 08540- Purpose of Disbursement directmail 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: 80814.E4298 Date of Disbursement 08 / 04 / 2008 Amount of Each Disbursement this Period 1950.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DIRECTMAIL
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 fees 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: 80814.E4221 Date of Disbursement 07 / 02 / 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 FUNDRAISING CONSULTING FEES
C.	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: 80814.E4289 Date of Disbursement 08 / 04 / 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 FUNDRAISING CONSULTING FEE

SUBTOTAL of Disbursements This Page (optional) ▶

3950.00

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 Constulting 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: 80814.E4287 Date of Disbursement 08 / 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 FUNDRAISING CONSTULTING FEE
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: 80814.E4229 Date of Disbursement 07 / 15 / 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 NEWSPAPER CLIPPING SERVICE
C.	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: 80814.E4295 Date of Disbursement 08 / 04 / 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 NEWSPAPER CLIPPING SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶	2260.00
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) 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: 80814.E4286 Date of Disbursement 07 / 25 / 2008 Amount of Each Disbursement this Period 129.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING FEE
B.	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: SEE BELOW 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: 80814.E4281 Date of Disbursement 07 / 15 / 2008 Amount of Each Disbursement this Period 22.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW
C.	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 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: 80814.E4282 Date of Disbursement 07 / 15 / 2008 Amount of Each Disbursement this Period 22.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CREDIT CARD FEES

SUBTOTAL of Disbursements This Page (optional)	152.62
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) Business Card (formerly Platinum Plus)	Transaction ID: 80814.E4333 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 8	
	Mailing Address PO Box 15710		Amount of Each Disbursement this Period 20.00
	City Wilmington State DE Zip Code 19886-5710		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Finance Fee	Category/Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FINANCE FEE
	State: District:		
B.	Full Name (Last, First, Middle Initial) Stan Lindsey Photography, Inc	Transaction ID: 80814.E4234 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8	
	Mailing Address 4985 Tallowood Way		Amount of Each Disbursement this Period 402.80
	City Naples State FL Zip Code 34116-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Photography Service Fee	Category/Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHOTOGRAPHY SERVICE FEE
	State: District:		
C.	Full Name (Last, First, Middle Initial) Stan Lindsey Photography, Inc	Transaction ID: 80814.E4284 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 8	
	Mailing Address 4985 Tallowood Way		Amount of Each Disbursement this Period 899.94
	City Naples State FL Zip Code 34116-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Photography Service Fee	Category/Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHOTOGRAPHY SERVICE FEE
	State: District:		

SUBTOTAL of Disbursements This Page (optional)	1322.74
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Cape Coral Republican Club

Transaction ID: 80814.E4283
Date of Disbursement

Mailing Address PO Box 100996

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	0	8

City State Zip Code
Cape Coral FL 33910-0996

Amount of Each Disbursement this Period

116.59

Purpose of Disbursement
Event Expense Reimbursement
Candidate Name

Category/
Type

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

EVENT EXPENSE REIMBURSEMENT

B.

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

Transaction ID: 80814.E4235
Date of Disbursement

Mailing Address P. O. Box 360002

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	8

City State Zip Code
Fort Lauderdale FL 33336-

Amount of Each Disbursement this Period

6550.54

Purpose of Disbursement
CREDIT CARD: SEE BELOW
Candidate Name

Category/
Type

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

CREDIT CARD: SEE BELOW

C.

Full Name (Last, First, Middle Initial)
Best Buy

Transaction ID: 80814.E4263
Date of Disbursement

Mailing Address 5019 S. Cleveland Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	8

City State Zip Code
Fort Myers FL 33907-

Amount of Each Disbursement this Period

296.78

Purpose of Disbursement
office supplies
Candidate Name

Category/
Type

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ►

6667.13

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) Best Buy Mailing Address 5019 S. Cleveland Avenue City Fort Myers State FL Zip Code 33907- Purpose of Disbursement campaign equipment 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: 80814.E4248 Date of Disbursement 07 / 15 / 2008
	Amount of Each Disbursement this Period 28.61
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: CAMPAIGN EQUIPMENT

B. Full Name (Last, First, Middle Initial) TGI Fridays Mailing Address 2110 Tamiami Trl N City Naples State FL Zip Code 34102-4807 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: 80814.E4271 Date of Disbursement 07 / 15 / 2008
	Amount of Each Disbursement this Period 23.04
	<input type="checkbox"/> 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) Target Mailing Address 13711 S. Tamiami Trail City Fort Myers State FL Zip Code 33912- Purpose of Disbursement Fundraising Expense- event supplies 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: 80814.E4247 Date of Disbursement 07 / 15 / 2008
	Amount of Each Disbursement this Period 62.36
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: FUNDRAISING EXPENSE- EVENT SUPPLIES

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial) Gasparilla Inn & Club Mailing Address 500 Palm Ave City Boca Grande State FL Zip Code 33921- Purpose of Disbursement meal 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: 80814.E4242 Date of Disbursement 07 / 15 / 2008
	Amount of Each Disbursement this Period 83.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEAL

B. Full Name (Last, First, Middle Initial) AT&T Wireless Mailing Address P. O. Box 8229 City Aurora State IL Zip Code 60572- Purpose of Disbursement Telephone 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: 80814.E4245 Date of Disbursement 07 / 15 / 2008
	Amount of Each Disbursement this Period 44.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TELEPHONE SERVICE

C. Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless Mailing Address PO Box 31488 City Tampa State FL Zip Code 33631-3488 Purpose of Disbursement Telephone 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: 80814.E4257 Date of Disbursement 07 / 15 / 2008
	Amount of Each Disbursement this Period 122.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TELEPHONE SERVICE

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless	Transaction ID: 80814.E4262 Date of Disbursement 07 / 15 / 2008
	Mailing Address PO Box 31488	Amount of Each Disbursement this Period 218.51
	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 telephone service Candidate Name	[MEMO ITEM] MEMO: TELEPHONE 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.	Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless	Transaction ID: 80814.E4246 Date of Disbursement 07 / 15 / 2008
	Mailing Address PO Box 31488	Amount of Each Disbursement this Period 39.60
	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 telephone service Candidate Name	[MEMO ITEM] MEMO: TELEPHONE 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) ▼	

C.	Full Name (Last, First, Middle Initial) Armands Chicago Pizzeria	Transaction ID: 80814.E4253 Date of Disbursement 07 / 15 / 2008
	Mailing Address 226 Massachusetts Ave. N.E.	Amount of Each Disbursement this Period 194.59
	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 meal Candidate Name	[MEMO ITEM] MEMO: MEAL
	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) ▼	

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 <hr/> Mailing Address 8953 Terrene Court <hr/> City Bonita Springs State FL Zip Code 34135- <hr/> Purpose of Disbursement storage Candidate Name <hr/> 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: 80814.E4274 Date of Disbursement 07 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 157.94 <input type="checkbox"/> 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 <hr/> Mailing Address 300 First Street, S.E. <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement Fundraising Expense- Event Candidate Name <hr/> 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: 80814.E4260 Date of Disbursement 07 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 428.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FUNDRAISING EXPENSE-EVENT
C.	Full Name (Last, First, Middle Initial) Chops City Grill <hr/> Mailing Address 837 5th Avenue South <hr/> City Naples State FL Zip Code 34102- <hr/> Purpose of Disbursement meals Candidate Name <hr/> 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: 80814.E4264 Date of Disbursement 07 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 238.24 <input type="checkbox"/> 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

A.

Full Name (Last, First, Middle Initial)
Clydes at Gallery Place

Mailing Address 707 7th St NW

City Washington State DC Zip Code 20001-3715

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80814.E4258

Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

685.97

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)
Embassy Suites- Estero

Mailing Address 10450 Corkscrew Commons Dr

City Estero State FL Zip Code 33928-9423

Purpose of Disbursement
Travel Expense- lodging

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80814.E4249

Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

2526.38

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

[MEMO ITEM]
MEMO: TRAVEL EXPENSE- LODGING

C.

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

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80814.E4267

Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

37.19

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

[MEMO ITEM]
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

Mailing Address P. O. Box 1140

City Memphis State TN Zip Code 38101-

Purpose of Disbursement
express mail delivery

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80814.E4275

Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

37.06

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

[MEMO ITEM]

MEMO: EXPRESS MAIL DELIVERY

B.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address Pagefield Postal Store

City Fort Myers State FL Zip Code 33907-1403

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80814.E4268

Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

2.84

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

[MEMO ITEM]

MEMO: POSTAGE

C.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address Pagefield Postal Store

City Fort Myers State FL Zip Code 33907-1403

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80814.E4269

Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

22.65

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

[MEMO ITEM]

MEMO: POSTAGE

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) Apple Store <hr/> Mailing Address 1100 So Haynes St <hr/> City Arlington State VA Zip Code 22202- <hr/> Purpose of Disbursement office supplies Candidate Name <hr/> 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: 80814.E4259 Date of Disbursement 07 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 126.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES	
B.	Full Name (Last, First, Middle Initial) Alis Pizza <hr/> Mailing Address 1382 E Capitol St NE <hr/> City Washington State DC Zip Code 20003-1533 <hr/> Purpose of Disbursement meals Candidate Name <hr/> 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: 80814.E4251 Date of Disbursement 07 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 74.62 <input type="checkbox"/> 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) CVS Pharmacy <hr/> Mailing Address 661 Pennsylvania Ave SE <hr/> City Washington State DC Zip Code 20003-4303 <hr/> Purpose of Disbursement office supplies Candidate Name <hr/> 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: 80814.E4252 Date of Disbursement 07 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 23.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES	

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) 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: 80814.E4261 Date of Disbursement 07 / 15 / 2008 Amount of Each Disbursement this Period 60.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CELL PHONE SERVICE
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 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: 80814.E4256 Date of Disbursement 07 / 15 / 2008 Amount of Each Disbursement this Period 126.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CELL PHONE
C.	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 telephone 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: 80814.E4255 Date of Disbursement 07 / 15 / 2008 Amount of Each Disbursement this Period 110.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TELEPHONE SERVICE

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) Naples Flowers Mailing Address 506 Tamiami Trl N City Naples State FL Zip Code 34102- Purpose of Disbursement gifts 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: 80814.E4272 Date of Disbursement 07 / 15 / 2008 Amount of Each Disbursement this Period 60.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GIFTS
B.	Full Name (Last, First, Middle Initial) Grillroom Chophouse & Wine Bar Mailing Address 23161 Village Shops Way City Estero State FL Zip Code 33928- 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: 80814.E4270 Date of Disbursement 07 / 15 / 2008 Amount of Each Disbursement this Period 74.50 <input type="checkbox"/> 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) Vergina Mailing Address 700 5th Ave S City Naples State FL Zip Code 34102-6604 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: 80814.E4250 Date of Disbursement 07 / 15 / 2008 Amount of Each Disbursement this Period 237.69 <input type="checkbox"/> 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

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P. O. Box 360002</p> <p>City Fort Lauderdale State FL Zip Code 33336-</p> <p>Purpose of Disbursement CREDIT CARD: SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80814.E4299 Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 5138.13</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CREDIT CARD: SEE BELOW</p>
<p>B. Full Name (Last, First, Middle Initial) Riverside Hotel</p> <p>Mailing Address 620 E. Las Olas Blvd.</p> <p>City Fort Lauderdale State FL Zip Code 33301-</p> <p>Purpose of Disbursement Fundraising Expense- Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80814.E4300 Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 856.12</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: FUNDRAISING EXPENSE-LODGING</p>
<p>C. Full Name (Last, First, Middle Initial) TGI Fridays</p> <p>Mailing Address 2110 Tamiami Trl N</p> <p>City Naples State FL Zip Code 34102-4807</p> <p>Purpose of Disbursement meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80814.E4324 Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 31.54</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5138.13

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 42 / 55

<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) Target Mailing Address 13711 S. Tamiami Trail City Fort Myers State FL Zip Code 33912- Purpose of Disbursement office supplies 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: 80814.E4326 Date of Disbursement 08 / 04 / 2008 Amount of Each Disbursement this Period 16.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
B.	Full Name (Last, First, Middle Initial) Corks Steakhouse Mailing Address 862 5th Ave S City Naples State FL Zip Code 34102-6606 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: 80814.E4309 Date of Disbursement 08 / 04 / 2008 Amount of Each Disbursement this Period 150.74 <input type="checkbox"/> 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) 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: 80814.E4334 Date of Disbursement 08 / 04 / 2008 Amount of Each Disbursement this Period 53.00 <input type="checkbox"/> 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

<p>A. Full Name (Last, First, Middle Initial) Castaways</p> <p>Mailing Address 2025 Davis Blvd</p> <p>City Naples State FL Zip Code 34101-</p> <p>Purpose of Disbursement meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80814.E4323</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="36.42"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS</p>
<p>B. Full Name (Last, First, Middle Initial) AT&T Wireless</p> <p>Mailing Address P. O. Box 8229</p> <p>City Aurora State IL Zip Code 60572-</p> <p>Purpose of Disbursement cell phone service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80814.E4319</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="424.72"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: CELL PHONE SERVICE</p>
<p>C. Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless</p> <p>Mailing Address PO Box 31488</p> <p>City Tampa State FL Zip Code 33631-3488</p> <p>Purpose of Disbursement email service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80814.E4308</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="39.65"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: EMAIL SERVICE</p>

SUBTOTAL of Disbursements This Page (optional) ►

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) Bonfish Grill	Transaction ID: 80814.E4310 Date of Disbursement 08 / 04 / 2008
	Mailing Address 14261 S Tamiami Trl	Amount of Each Disbursement this Period 249.92
	City Fort Myers State FL Zip Code 33912-1911	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
	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) ▼

B.	Full Name (Last, First, Middle Initial) Bonita Springs Self Storage	Transaction ID: 80814.E4325 Date of Disbursement 08 / 04 / 2008
	Mailing Address 8953 Terrene Court	Amount of Each Disbursement this Period 157.94
	City Bonita Springs State FL Zip Code 34135-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
	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) ▼

C.	Full Name (Last, First, Middle Initial) CVS Pharmacy	Transaction ID: 80814.E4329 Date of Disbursement 08 / 04 / 2008
	Mailing Address 294 9th Street, S	Amount of Each Disbursement this Period 129.52
	City Naples State FL Zip Code 34104-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
	Purpose of Disbursement office supplies 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) ▼

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

Mailing Address P. O. Box 1140

City Memphis State TN Zip Code 38101-

Purpose of Disbursement
express mail delivery

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80814.E4322
Date of Disbursement

MM / DD / YYYY
08 / 04 / 2008

Amount of Each Disbursement this Period

138.25

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

[MEMO ITEM]

MEMO: EXPRESS MAIL DELIVERY

B.

Full Name (Last, First, Middle Initial)
Ritz Camera

Mailing Address 233 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1121

Purpose of Disbursement
event supplies

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80814.E4302
Date of Disbursement

MM / DD / YYYY
08 / 04 / 2008

Amount of Each Disbursement this Period

247.98

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

[MEMO ITEM]

MEMO: EVENT SUPPLIES

C.

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

Mailing Address 575 Pennsylvania Ave NW

City Washington State DC Zip Code 20001-2114

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80814.E4301
Date of Disbursement

MM / DD / YYYY
08 / 04 / 2008

Amount of Each Disbursement this Period

274.15

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

A.	Full Name (Last, First, Middle Initial) US Airways Mailing Address 7 Park Center City Pittsburgh State PA Zip Code 15220- Purpose of Disbursement air travel expense 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: 80814.E4304 Date of Disbursement 08 / 04 / 2008 Amount of Each Disbursement this Period 749.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AIR TRAVEL EXPENSE
B.	Full Name (Last, First, Middle Initial) US Airways Mailing Address 7 Park Center City Pittsburgh State PA Zip Code 15220- Purpose of Disbursement air travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80814.E4315 Date of Disbursement 08 / 04 / 2008 Amount of Each Disbursement this Period 527.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AIR TRAVEL
C.	Full Name (Last, First, Middle Initial) US House of Rep. Gift Shop Mailing Address B-217 Longworth Bldg. City Washington State DC Zip Code 20515- Purpose of Disbursement gifts 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: 80814.E4306 Date of Disbursement 08 / 04 / 2008 Amount of Each Disbursement this Period 178.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GIFTS

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
USPS

Transaction ID: 80814.E4320
Date of Disbursement

Mailing Address 1050 Connecticut Ave, NW

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

City Washington State DC Zip Code 20036-

Amount of Each Disbursement this Period

68.85

Purpose of Disbursement
shipping fees

--

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

Candidate Name

--

[MEMO ITEM]
MEMO: SHIPPING FEES

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
USPS

Transaction ID: 80814.E4311
Date of Disbursement

Mailing Address 1050 Connecticut Ave, NW

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

City Washington State DC Zip Code 20036-

Amount of Each Disbursement this Period

30.20

Purpose of Disbursement
postage

--

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

Candidate Name

--

[MEMO ITEM]
MEMO: POSTAGE

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
USPS

Transaction ID: 80814.E4314
Date of Disbursement

Mailing Address 1050 Connecticut Ave, NW

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

City Washington State DC Zip Code 20036-

Amount of Each Disbursement this Period

42.00

Purpose of Disbursement
postage

--

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

Candidate Name

--

[MEMO ITEM]
MEMO: POSTAGE

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Alis Pizza	Transaction ID: 80814.E4303 Date of Disbursement 08 / 04 / 2008
	Mailing Address 1382 E Capitol St NE	Amount of Each Disbursement this Period 28.65
	City Washington State DC Zip Code 20003-1533	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement meals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: MEALS
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Alis Pizza	Transaction ID: 80814.E4321 Date of Disbursement 08 / 04 / 2008
	Mailing Address 1382 E Capitol St NE	Amount of Each Disbursement this Period 31.90
	City Washington State DC Zip Code 20003-1533	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement meals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: MEALS
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 80814.E4318 Date of Disbursement 08 / 04 / 2008
	Mailing Address 131 North Court House Rd	Amount of Each Disbursement this Period 60.07
	City Arlington State VA Zip Code 22201-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement cell phone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: CELL PHONE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

<p>A. Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 131 North Court House Rd</p> <p>City Arlington State VA Zip Code 22201-</p> <p>Purpose of Disbursement cell phone service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80814.E4313 Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 192.29</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: CELL PHONE SERVICE</p>
<p>B. Full Name (Last, First, Middle Initial) Vergina</p> <p>Mailing Address 700 5th Ave S</p> <p>City Naples State FL Zip Code 34102-6604</p> <p>Purpose of Disbursement meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80814.E4307 Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 49.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS</p>
<p>C. Full Name (Last, First, Middle Initial) Arent Fox LLP</p> <p>Mailing Address 1050 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20036-5308</p> <p>Purpose of Disbursement accounting legal and admin fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80814.E4227 Date of Disbursement 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 2467.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>ACCOUNTING LEGAL AND ADMIN FEES</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2467.10

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) Arent Fox LLP	Transaction ID: 80814.E4293 Date of Disbursement 08 / 04 / 2008
	Mailing Address 1050 Connecticut Ave NW	Amount of Each Disbursement this Period 5726.76
	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 accounting legal and admin fees Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	ACCOUNTING LEGAL AND ADMIN FEES
	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: 80814.E4297 Date of Disbursement 08 / 04 / 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 #7 of 8 Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	DATABASE #7 OF 8
	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: 80814.E4220 Date of Disbursement 07 / 15 / 2008
	Mailing Address PO Box 31488	Amount of Each Disbursement this Period 415.68
	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	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	CELL PHONE SERVICE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

8242.44

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)
AT&T- Cingular Wireless

Transaction ID: 80814.E4288

Mailing Address PO Box 31488

Date of Disbursement

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

City Tampa State FL Zip Code 33631-3488

Amount of Each Disbursement this Period

575.01

Purpose of Disbursement
cell phone service

Category/ Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

CELL PHONE SERVICE

State: District:

B.

Full Name (Last, First, Middle Initial)
Chase Card Services

Transaction ID: 80814.E4277

Mailing Address PO Box 15153

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	8

City Wilmington State DE Zip Code 19886-5153

Amount of Each Disbursement this Period

268.40

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Category/ Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

CREDIT CARD: SEE BELOW

State: District:

C.

Full Name (Last, First, Middle Initial)
Chase Card Services

Transaction ID: 80814.E4278

Mailing Address PO Box 15153

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	8

City Wilmington State DE Zip Code 19886-5153

Amount of Each Disbursement this Period

26.36

Purpose of Disbursement
credit card fees

Category/ Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

[MEMO ITEM]
MEMO: CREDIT CARD FEES

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

843.41

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) Chase Card Services Mailing Address PO Box 15153 City Wilmington State DE Zip Code 19886-5153 Purpose of Disbursement CREDIT CARD: SEE BELOW 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: 80814.E4330 Date of Disbursement 08 / 04 / 2008 Amount of Each Disbursement this Period 64.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW
B.	Full Name (Last, First, Middle Initial) Chase Card Services Mailing Address PO Box 15153 City Wilmington State DE Zip Code 19886-5153 Purpose of Disbursement credit card 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: 80814.E4331 Date of Disbursement 08 / 04 / 2008 Amount of Each Disbursement this Period 47.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CREDIT CARD FEE
C.	Full Name (Last, First, Middle Initial) Jivaldi LLC Mailing Address 707 MOUNT Errigal PI City Lincoln State CA Zip Code 95648- Purpose of Disbursement website service fees 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: 80814.E4231 Date of Disbursement 07 / 15 / 2008 Amount of Each Disbursement this Period 443.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WEBSITE SERVICE FEES

SUBTOTAL of Disbursements This Page (optional) ▶	507.78
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. Line 1 Communications	Full Name (Last, First, Middle Initial) Line 1 Communications	Transaction ID: 80814.E4228 Date of Disbursement 07 / 15 / 2008
	Mailing Address 3400 Birchwood Manor	Amount of Each Disbursement this Period 1313.71
	City Tallahassee State FL Zip Code 32312-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement fax/email services 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) ▼
		FAX/EMAIL SERVICES

B. Line 1 Communications	Full Name (Last, First, Middle Initial) Line 1 Communications	Transaction ID: 80814.E4294 Date of Disbursement 08 / 04 / 2008
	Mailing Address 3400 Birchwood Manor	Amount of Each Disbursement this Period 930.48
	City Tallahassee State FL Zip Code 32312-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement fax/email services 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) ▼
		FAX/EMAIL SERVICES

C. SCM Associates, Inc.	Full Name (Last, First, Middle Initial) SCM Associates, Inc.	Transaction ID: 80814.E4226 Date of Disbursement 07 / 15 / 2008
	Mailing Address 1283 Main Street PO Box 254	Amount of Each Disbursement this Period 4573.30
	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) ▼
		DIRECT MAIL AND TELEMARKETING

SUBTOTAL of Disbursements This Page (optional)	▶	6817.49
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

<p>A. Full Name (Last, First, Middle Initial) SCM Associates, Inc.</p> <p>Mailing Address 1283 Main Street PO Box 254</p> <p>City Dublin State NH Zip Code 03444-</p> <p>Purpose of Disbursement directmail and telemarketing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80814.E4292</p> <p>Date of Disbursement 08 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 1040.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>DIRECTMAIL AND TELEMARKE- TING</p>
<p>B. Full Name (Last, First, Middle Initial) Southwest Direct</p> <p>Mailing Address 2129 Andrea Lane</p> <p>City Fort Myers State FL Zip Code 33912-</p> <p>Purpose of Disbursement direct mail 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>Transaction ID: 80814.E4225</p> <p>Date of Disbursement 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 996.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>DIRECT MAIL SERVICES</p>
<p>C. Full Name (Last, First, Middle Initial) Sprint - Embarq</p> <p>Mailing Address P.O. Box 740602</p> <p>City Cincinnati State OH Zip Code 45274-</p> <p>Purpose of Disbursement telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80814.E4230</p> <p>Date of Disbursement 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 81.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2118.60

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)
Sprint - Embarq

Transaction ID: 80814.E4296
Date of Disbursement

Mailing Address P.O. Box 740602

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

City State Zip Code
Cincinnati OH 45274-

Amount of Each Disbursement this Period

81.93

Purpose of Disbursement
telephone

--

Candidate Name

--

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

TELEPHONE

State: District:

B.

Full Name (Last, First, Middle Initial)
Andrew Woods

Transaction ID: 80814.E4233
Date of Disbursement

Mailing Address 12 Brierleigh Ct

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	8

City State Zip Code
Lutherville Timoni MD 21093-4536

Amount of Each Disbursement this Period

10753.01

Purpose of Disbursement
Campaign Event Expense Reimbursemen

--

Candidate Name

--

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

CAMPAIGN EVENT EXPENSE RE-IMBURSEMEN

State: District:

C.

Full Name (Last, First, Middle Initial)
Yuma Solutions, Inc.

Transaction ID: 80814.E4232
Date of Disbursement

Mailing Address 1922 Miccosukee Road

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	8

City State Zip Code
Tallahassee FL 32308-

Amount of Each Disbursement this Period

320.00

Purpose of Disbursement
blackberry service

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Candidate Name

--

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

BLACKBERRY SERVICE

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

11154.94

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

72145.38
