

**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)

5100 S. Cleveland Avenue

Suite 318 PMB 388

Check if different than previously reported. (ACC)

Fort Myers

FL

33907

2. **FEC IDENTIFICATION NUMBER**

C00391243

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

FL 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)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

In the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period 11 23 2004 through 12 31 2004

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 Nancy H. Watkins

Signature of Treasurer Electronically Filed by Nancy H. Watkins Date 01 25 2005

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

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Connie Mack

Report Covering the Period: From: M M D D Y Y Y Y To: V M D D Y Y Y Y
1 1 2 3 2 0 0 4 1 2 3 1 2 0 0 4

	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(a)).....	1020.00	1465.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1020.00	1465.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	61421.74	103930.67
(b) Total Offsets to Operating Expenditures (from Line 14).....	250.00	250.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	61171.74	103680.67
8. Cash on Hand at Close of Reporting Period (from Line 27).....	38727.92	
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).....	50000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name

Friends of Connie Mack

Report Covering the Period: From: ^{M M} 1 1 ^{D J} 2 3 ^{Y Y Y Y} 2 0 0 4 To: ^{M M} 1 2 ^{D J} 3 1 ^{Y Y Y Y} 2 0 0 4

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	0.00	
(i) Itemized (use Schedule A).....	20.00	
(ii) Unitemized.....	20.00	
(iii) TOTAL of contributions	20.00	465.00
from individuals..... ▶		
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	1000.00	1000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans)	1020.00	1465.00
(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	0.00	0.00
(add Lines 13(a) and (b)).....		
14. OFFSETS TO OPERATING EXPENDITURES		
(Refunds, Rebates, etc.).....	250.00	250.00
15. OTHER RECEIPTS		
(Dividends, Interest, etc.).....	87.80	87.80
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)		
(Carry Total to Line 24, page 4)..... ▶	1357.80	1802.80

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	61421.74	103930.67
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
<hr/>		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(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	0.00
<hr/>		
21. OTHER DISBURSEMENTS.....	2000.00	2000.00
<hr/>		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	63421.74	105930.67

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	100791.86
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	1357.80
25. SUBTOTAL (add Line 23 and Line 24).....	102149.66
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	63421.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	38727.92

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 26

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Bank of Tampa		Date of Receipt M / D / Y 12 / 31 / 2004
Mailing Address P. O. Box 1		Transaction ID: C001n09
City Tampa	State FL	Zip Code 33601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.38
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 87.80	

Full Name (Last, First, Middle Initial) B. Bank of Tampa		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address P. O. Box 1		Transaction ID: C001n0A
City Tampa	State FL	Zip Code 33601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.42
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 87.80	

SUBTOTAL of Receipts This Page (optional)	▶	87.80
TOTAL This Period (last page this line number only)	▶	87.80

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 26

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Lee County		Date of Receipt M / D / Y 12 / 13 / 2004
Mailing Address 1736 Jackson Street		Transaction ID: C01R701
City	State	Zip Code
Fort Myers	FL	33901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	refund sign permitting
Receipt For: 2006	Election Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
X Primary	General	
Other (specify) ▼	250.00	

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 26

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

Full Name (Last, First, Middle Initial) A. Cathy McManis for Congress		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address P. O. Box 137		Transaction ID: C01j201
City Spokane	State WA	Zip Code 99210
FEC ID number of contributing federal political committee. C C00390476		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 / 26

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
payroll taxes

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D001n0p

Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

5977.20

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

Full Name (Last, First, Middle Initial)

B. Bank of Tampa

Mailing Address P. O. Box 1

City Tampa State FL Zip Code 33601

Purpose of Disbursement
payroll taxes

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D001n0q

Date of Disbursement

12 / 02 / 2004

Amount of Each Disbursement this Period

8181.30

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

Full Name (Last, First, Middle Initial)

C. Bonita Springs Self Storage

Mailing Address 8953 Terrene Court

City Bonita Springs State FL Zip Code 34135

Purpose of Disbursement
storage

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D01j401

Date of Disbursement

12 / 09 / 2004

Amount of Each Disbursement this Period

332.24

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

SUBTOTAL of Disbursements This Page (optional) ▶

14490.74

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)

PAGE 9 / 26

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)
A. Jeffrey M. Cohen

Mailing Address 13280 Corbel Circle, #1922

City State Zip Code
Fort Myers FL 33907

Purpose of Disbursement
salary

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D00sA0g
Date of Disbursement

12 / 01 / 2004

Amount of Each Disbursement this Period

3541.53

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

Full Name (Last, First, Middle Initial)
B. Jeffrey M. Cohen

Mailing Address 13280 Corbel Circle, #1922

City State Zip Code
Fort Myers FL 33907

Purpose of Disbursement
salary

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D00sA0i
Date of Disbursement

12 / 16 / 2004

Amount of Each Disbursement this Period

3659.33

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

Full Name (Last, First, Middle Initial)
C. Jeffrey M. Cohen

Mailing Address 13280 Corbel Circle, #1922

City State Zip Code
Fort Myers FL 33907

Purpose of Disbursement
see memo entries

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D00sA0j
Date of Disbursement

12 / 15 / 2004

Amount of Each Disbursement this Period

612.13

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

SUBTOTAL of Disbursements This Page (optional) ▶

7812.99

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)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. AirTran Airways

Mailing Address 422 N. Industrial Way

City Canton State GA Zip Code 30115

Purpose of Disbursement
travel

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D013B03

Date of Disbursement

12 / 06 / 2004

Amount of Each Disbursement this Period

247.90

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

[MEMO ITEM]
Memo

Full Name (Last, First, Middle Initial)

B. Monocle Restaurant on Capitol Hill

Mailing Address 107 D Street, N.E.

City Washington State DC Zip Code 20002

Purpose of Disbursement
meals

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D01R02

Date of Disbursement

12 / 07 / 2004

Amount of Each Disbursement this Period

285.24

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

[MEMO ITEM]
Memo

Full Name (Last, First, Middle Initial)

C. Jeffrey M. Cohen

Mailing Address 13280 Corbel Circle, #1B22

City Fort Myers State FL Zip Code 33907

Purpose of Disbursement
salary

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D00sA0k

Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

3659.33

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

SUBTOTAL of Disbursements This Page (optional) ▶

3659.33

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 11 / 26

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)
A. E Group, Inc.

Mailing Address 13505 Dulles Technology, #3

City Hemdon State VA Zip Code 20171

Purpose of Disbursement
coasters

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D01j301
Date of Disbursement
12 / 09 / 2004

Amount of Each Disbursement this Period

595.50

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

Full Name (Last, First, Middle Initial)
B. Florida Power & Light

Mailing Address General Mail Facility

City Miami State FL Zip Code 33188

Purpose of Disbursement
utilities

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D00Lw0Q
Date of Disbursement
12 / 15 / 2004

Amount of Each Disbursement this Period

191.14

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

Full Name (Last, First, Middle Initial)
C. Florida Research, Inc.

Mailing Address P. O. Box 315B

City Clearwater State FL Zip Code 33767

Purpose of Disbursement
research

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D00nZ0Y
Date of Disbursement
12 / 09 / 2004

Amount of Each Disbursement this Period

117.97

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

SUBTOTAL of Disbursements This Page (optional) ▶

904.61

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 12 / 26

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)
A. Florida Research, Inc.

Mailing Address P. O. Box 3159

City Clearwater State FL Zip Code 33767

Purpose of Disbursement
research

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D00nZDZ
Date of Disbursement

12 / 30 / 2004

Amount of Each Disbursement this Period

45.12

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

Full Name (Last, First, Middle Initial)
B. Scott Henderson

Mailing Address 5100 S. Cleveland Ave., #318-388

City Fort Myers State FL Zip Code 33907

Purpose of Disbursement
salary

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D00Lr1z
Date of Disbursement

12 / 01 / 2004

Amount of Each Disbursement this Period

1506.58

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

Full Name (Last, First, Middle Initial)
C. Scott Henderson

Mailing Address 5100 S. Cleveland Ave., #318-388

City Fort Myers State FL Zip Code 33907

Purpose of Disbursement
salary

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D00Lr21
Date of Disbursement

12 / 16 / 2004

Amount of Each Disbursement this Period

1506.58

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

SUBTOTAL of Disbursements This Page (optional) ▶

3058.28

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 13 / 26

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

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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)
 A. Scott Henderson

Mailing Address 5100 S. Cleveland Ave., #318-388

City State Zip Code
 Fort Myers FL 33907

Purpose of Disbursement
 see memo entries

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

Category/
 Type

Transaction ID: D00Lr22
 Date of Disbursement

12 / 15 / 2004

Amount of Each Disbursement this Period

1500.35

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

Full Name (Last, First, Middle Initial)
 B. Hooter's of Fort Myers

Mailing Address 4411 Cleveland Avenue

City State Zip Code
 Fort Myers FL 33901

Purpose of Disbursement
 meals

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

Category/
 Type

Transaction ID: D01Ev06
 Date of Disbursement

11 / 29 / 2004

Amount of Each Disbursement this Period

80.40

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

[MEMO ITEM]
 Memo

Full Name (Last, First, Middle Initial)
 C. Hooter's of Fort Myers

Mailing Address 4411 Cleveland Avenue

City State Zip Code
 Fort Myers FL 33901

Purpose of Disbursement
 meals

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

Category/
 Type

Transaction ID: D01Ev07
 Date of Disbursement

12 / 01 / 2004

Amount of Each Disbursement this Period

83.70

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

[MEMO ITEM]
 Memo

SUBTOTAL of Disbursements This Page (optional) ▶

1500.35

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 14 / 26

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

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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
 USAirways

Mailing Address 7 Park Center

City Pittsburgh State PA Zip Code 15220

Purpose of Disbursement
 travel

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D01QR07
 Date of Disbursement
 11 / 23 / 2004

Amount of Each Disbursement this Period
 206.20

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

[MEMO ITEM]
 Memo

B. Full Name (Last, First, Middle Initial)
 USAirways

Mailing Address 7 Park Center

City Pittsburgh State PA Zip Code 15220

Purpose of Disbursement
 travel

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D01QR08
 Date of Disbursement
 12 / 15 / 2004

Amount of Each Disbursement this Period
 92.60

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

[MEMO ITEM]
 Memo

C. Full Name (Last, First, Middle Initial)
 USAirways

Mailing Address 7 Park Center

City Pittsburgh State PA Zip Code 15220

Purpose of Disbursement
 travel

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D01QR09
 Date of Disbursement
 12 / 15 / 2004

Amount of Each Disbursement this Period
 754.83

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

[MEMO ITEM]
 Memo

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)

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

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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)
A. Scott Henderson

Mailing Address 5100 S. Cleveland Ave., #318-388

City Fort Myers State FL Zip Code 33907

Purpose of Disbursement salary

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2006
 Primary General Other (specify) ▼

Category/ Type

Transaction ID: D00Lr23
 Date of Disbursement
 12 / 31 / 2004

Amount of Each Disbursement this Period
 1506.58

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

Full Name (Last, First, Middle Initial)
B. Frederick B. Leatherwood

Mailing Address 12300 N.W. 12th Street

City Plantation State FL Zip Code 33323

Purpose of Disbursement salary

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2006
 Primary General Other (specify) ▼

Category/ Type

Transaction ID: D01eu04
 Date of Disbursement
 12 / 01 / 2004

Amount of Each Disbursement this Period
 862.87

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

Full Name (Last, First, Middle Initial)
C. Frederick B. Leatherwood

Mailing Address 12300 N.W. 12th Street

City Plantation State FL Zip Code 33323

Purpose of Disbursement salary

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2006
 Primary General Other (specify) ▼

Category/ Type

Transaction ID: D01eu05
 Date of Disbursement
 12 / 16 / 2004

Amount of Each Disbursement this Period
 862.87

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

SUBTOTAL of Disbursements This Page (optional) ▶ **3232.32**

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)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)
A. Frederick B. Leatherwood

Mailing Address 12900 N.W. 12th Street

City Plantation State FL Zip Code 33323

Purpose of Disbursement
salary

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D01eu08
Date of Disbursement

12 / 31 / 2004

Amount of Each Disbursement this Period

862.87

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

Full Name (Last, First, Middle Initial)
B. Line 1 Communications

Mailing Address 3400 Birchwood Manor

City Tallahassee State FL Zip Code 32312

Purpose of Disbursement
email services

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D00xb0E
Date of Disbursement

12 / 09 / 2004

Amount of Each Disbursement this Period

1004.92

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

Full Name (Last, First, Middle Initial)
C. Connie H. Mack

Mailing Address 3804 Oakland Drive

City Alexandria State VA Zip Code 22310

Purpose of Disbursement
see memo entry

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D00080W
Date of Disbursement

12 / 15 / 2004

Amount of Each Disbursement this Period

402.89

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

SUBTOTAL of Disbursements This Page (optional) ▶

2270.68

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)

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

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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)
A. Combined Airlines Ticket Offices

Mailing Address 1800 N. Kent Street, Ste. 950

City Arlington State VA Zip Code 22209

Purpose of Disbursement travel

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/Type

Transaction ID: D01J801
 Date of Disbursement 12 / 15 / 2004

Amount of Each Disbursement this Period 402.89

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

[MEMO ITEM]
 Memo

Full Name (Last, First, Middle Initial)
B. Connie H. Mack

Mailing Address 3604 Oakland Drive

City Alexandria State VA Zip Code 22310

Purpose of Disbursement see memo entries

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/Type

Transaction ID: D000B0X
 Date of Disbursement 12 / 28 / 2004

Amount of Each Disbursement this Period 6380.58

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

Full Name (Last, First, Middle Initial)
C. Avis Rent-A-Car

Mailing Address 8 Sylvan Way

City Parsippany State NJ Zip Code 07054

Purpose of Disbursement transportation

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/Type

Transaction ID: D013M0S
 Date of Disbursement 12 / 05 / 2004

Amount of Each Disbursement this Period 333.27

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

[MEMO ITEM]
 Memo

SUBTOTAL of Disbursements This Page (optional) ▶ **6380.58**

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)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

Full Name (Last, First, Middle Initial)
A. Fort Lauderdale Moving & Storage

Mailing Address 391 N.W. 35th Court

City Fort Lauderdale State FL Zip Code 33309

Purpose of Disbursement
moving expense

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D01jCD1
Date of Disbursement

12 / 05 / 2004

Amount of Each Disbursement this Period

5400.00

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

[MEMO ITEM]
Memo

Full Name (Last, First, Middle Initial)
B. Hyatt Regency

Mailing Address 400 New Jersey Ave., N.W.

City Washington State DC Zip Code 20001

Purpose of Disbursement
lodging

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D013P09
Date of Disbursement

11 / 29 / 2004

Amount of Each Disbursement this Period

577.31

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

[MEMO ITEM]
Memo

Full Name (Last, First, Middle Initial)
C. Kara Moore

Mailing Address 5100 S. Cleveland Ave., #318 PMB 3

City Fort Myers State FL Zip Code 33907

Purpose of Disbursement
salary

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D00xa0i
Date of Disbursement

12 / 01 / 2004

Amount of Each Disbursement this Period

1843.33

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

SUBTOTAL of Disbursements This Page (optional) ▶

1843.33

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)

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

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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)
A. Kara Moore

Mailing Address 5100 S. Cleveland Ave., #318 PMB 3

City Fort Myers State FL Zip Code 33907

Purpose of Disbursement salary

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/ Type

Transaction ID: D00xaOk
 Date of Disbursement
 12 / 16 / 2004

Amount of Each Disbursement this Period
 1843.33

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

Full Name (Last, First, Middle Initial)
B. Kara Moore

Mailing Address 5100 S. Cleveland Ave., #318 PMB 3

City Fort Myers State FL Zip Code 33907

Purpose of Disbursement see memo entries

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/ Type

Transaction ID: D00xaOl
 Date of Disbursement
 12 / 15 / 2004

Amount of Each Disbursement this Period
 1427.67

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

Full Name (Last, First, Middle Initial)
C. Office Max

Mailing Address 5100 S. Cleveland Avenue

City Fort Myers State FL Zip Code 33907

Purpose of Disbursement office supplies

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/ Type

Transaction ID: D013C1M
 Date of Disbursement
 12 / 09 / 2004

Amount of Each Disbursement this Period
 210.84

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

[MEMO ITEM]
 Memo

SUBTOTAL of Disbursements This Page (optional) ► **3271.00**

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)

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

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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)
A. Office Max

Mailing Address 5100 S. Cleveland Avenue

City Fort Myers State FL Zip Code 33907

Purpose of Disbursement office supplies

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/ Type

Transaction ID: D013C1N
 Date of Disbursement
 12 / 07 / 2004

Amount of Each Disbursement this Period
 130.00

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

[MEMO ITEM]
 Memo

Full Name (Last, First, Middle Initial)
B. USAirways

Mailing Address 7 Park Center

City Pittsburgh State PA Zip Code 15220

Purpose of Disbursement travel

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/ Type

Transaction ID: D01QR08
 Date of Disbursement
 12 / 09 / 2004

Amount of Each Disbursement this Period
 486.80

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

[MEMO ITEM]
 Memo

Full Name (Last, First, Middle Initial)
C. Kara Moore

Mailing Address 5100 S. Cleveland Ave., #318 PMB 3

City Fort Myers State FL Zip Code 33907

Purpose of Disbursement salary

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/ Type

Transaction ID: D00xa0m
 Date of Disbursement
 12 / 31 / 2004

Amount of Each Disbursement this Period
 1843.33

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

SUBTOTAL of Disbursements This Page (optional) ► **1843.33**

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)

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

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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. Patton Boggs, LLP

Mailing Address 2550 M Street, N.W.

City Washington State DC Zip Code 20037

Purpose of Disbursement
 legal fees

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

Category/
 Type

Transaction ID: D01cP02

Date of Disbursement

12 / 03 / 2004

Amount of Each Disbursement this Period

265.80

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

Full Name (Last, First, Middle Initial)

B. Sprint

Mailing Address P. O. Box 96064

City Charlotte State NC Zip Code 28206

Purpose of Disbursement
 telephone

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

Category/
 Type

Transaction ID: D00xd0b

Date of Disbursement

12 / 09 / 2004

Amount of Each Disbursement this Period

131.70

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

Full Name (Last, First, Middle Initial)

C. Sharon S. Thierer

Mailing Address 512 S.E. 5th Avenue

City Cape Coral State FL Zip Code 33900

Purpose of Disbursement
 salary

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

Category/
 Type

Transaction ID: D00h40Y

Date of Disbursement

12 / 01 / 2004

Amount of Each Disbursement this Period

1240.04

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

SUBTOTAL of Disbursements This Page (optional) ▶

1637.34

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)

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

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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
 Sharon S. Thierer

Mailing Address 512 S.E. 5th Avenue

City Cape Coral State FL Zip Code 33900

Purpose of Disbursement salary

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/ Type

Transaction ID: D00h40Z
 Date of Disbursement
 12 / 16 / 2004

Amount of Each Disbursement this Period
 1240.04

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

B. Full Name (Last, First, Middle Initial)
 Sharon S. Thierer

Mailing Address 512 S.E. 5th Avenue

City Cape Coral State FL Zip Code 33900

Purpose of Disbursement salary

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/ Type

Transaction ID: D00h40a
 Date of Disbursement
 12 / 31 / 2004

Amount of Each Disbursement this Period
 1240.04

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

C. Full Name (Last, First, Middle Initial)
 Robert Watkins & Company

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement accounting services

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/ Type

Transaction ID: D00010G
 Date of Disbursement
 12 / 06 / 2004

Amount of Each Disbursement this Period
 2500.00

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

SUBTOTAL of Disbursements This Page (optional) ► **4980.06**

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 23 / 26

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

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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)
 A. Robert Watkins & Company

Transaction ID: D00010H
 Date of Disbursement

Mailing Address 610 S. Boulevard

12 / 09 / 2004

City Tampa State FL Zip Code 33606

Amount of Each Disbursement this Period

Purpose of Disbursement
 accounting services

4177.27

Candidate Name

Category/
 Type

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

Office Sought: House Disbursement For: 2006
 Senate X Primary General
 President Other (specify) ▼

State: District

SUBTOTAL of Disbursements This Page (optional) ▶

4177.27

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

61062.23

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 24 / 26

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

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NAME OF COMMITTEE (In Full)
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)
 A. Charles Boustany

Mailing Address 2938 Johnston Street

City State Zip Code
 Lafayette LA 70503

Purpose of Disbursement
 contribution-LA(07)

Candidate Name
 Charles W. Boustany, Jr.

Office Sought: House
 Senate
 President
 State: LA District 7

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D01it01
 Date of Disbursement

11 / 23 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)
 B. Wilbert J. Tauzin

Mailing Address P. O. Box 647

City State Zip Code
 Thibodaux LA 70302

Purpose of Disbursement
 contribution-LA(03)

Candidate Name
 Wilbert J. Tauzin, III

Office Sought: House
 Senate
 President
 State: LA District 3

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D01iu01
 Date of Disbursement

11 / 23 / 2004

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

2000.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

(Use separate schedule(s) for each numbered line)	PAGE 25 / 26
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jamestown Associates, LLC		Nature of Debt (Purpose): media consulting/producti- on-primary debt	
Mailing Address 5 Mapleton Road, #300			
City Princeton	State NJ	ZIP Code 08540	
Outstanding Balance Beginning This Period 10000.00		Transaction ID: 7	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10000.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Arthur J. Finkelstein & Associates		Nature of Debt (Purpose): political consulting-prim- ary debt	
Mailing Address 16 N. Astor			
City Irvington	State NY	ZIP Code 10533	
Outstanding Balance Beginning This Period 15000.00		Transaction ID: 13	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15000.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Robert Watkins & Company		Nature of Debt (Purpose): accounting services	
Mailing Address 610 S. Boulevard			
City Tampa	State FL	ZIP Code 33608	
Outstanding Balance Beginning This Period 4177.27		Transaction ID: 15	
Amount Incurred This Period 0.00	Payment This Period 4177.27	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional)	▶	25000.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Friends of Connie Mack

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Arthur J. Finkelstein & Associates			Nature of Debt (Purpose): political consulting
Mailing Address 18 N. Astor			
City	State	ZIP Code	
Irvington	NY	10533	
Outstanding Balance Beginning This Period			Transaction ID: 16
15000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	15000.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jamestown Associates, LLC			Nature of Debt (Purpose): media consulting
Mailing Address 5 Mapleton Road, #300			
City	State	ZIP Code	
Princeton	NJ	08540	
Outstanding Balance Beginning This Period			Transaction ID: 17
10000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	10000.00	

1) SUBTOTALS This Period This Page (optional)	▶	25000.00
2) TOTALS This Period (last page this line number only)	▶	50000.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	