

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Connie Mack

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	19189.00	1241994.71
(b) Total Contribution Refunds (from Line 20(d)).....	1135.00	1335.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	18054.00	1240659.71
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	98130.75	823688.77
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	4207.48
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	98130.75	819481.29
8. Cash on Hand at Close of Reporting Period (from Line 27).....	675737.26	
9. Debts and Obligations Owed 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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

10260.00

871307.79

(ii) Unitemized.....

629.00

75591.17

(iii) TOTAL of contributions

10889.00

946898.96

from individuals..... ▶

0.00

98.00

(b) Political Party Committees.....

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

8300.00

294997.75

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

19189.00

1241994.71

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

3892.94

14136.82

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

4207.48

15. OTHER RECEIPTS

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

0.00

1.00

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

23081.94

1260340.01

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	98130.75	823688.77
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	15168.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	500.00	700.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	635.00	635.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1135.00	1335.00
21. OTHER DISBURSEMENTS.....	0.00	4100.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	99265.75	844291.77

III. CASH SUMMARY

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Ann Alexander

Mailing Address 2644 Atoka Road

City Marshall State VA Zip Code 20115-3531

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

Name of Employer Self Employed Occupation Estate Management

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1400.00

Date of Receipt 10 / 02 / 2008

Transaction ID: 81022.C19549

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)
Marion Ashley

Mailing Address 1335 Rimrock Dr

City Perris State CA Zip Code 92570-6224

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

Name of Employer Riverside Court Occupation Superior 5th District

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 205.00

Date of Receipt 10 / 15 / 2008

Transaction ID: 81022.C19519

Amount of Each Receipt this Period 205.00

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

C.

Full Name (Last, First, Middle Initial)
Robert Assaf

Mailing Address 15860 Sawpit Road

City Jacksonville State FL Zip Code 32226

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

Name of Employer Liberty Ambulance Service Occupation c.e.o

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 10 / 06 / 2008

Transaction ID: 81022.C19536

Amount of Each Receipt this Period 300.00

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

SUBTOTAL of Receipts This Page (optional) ► 1505.00

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 6 / 37
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

<p>A. Full Name (Last, First, Middle Initial) Margit Chiriaco Rusche</p> <p>Mailing Address 62450 Chiriaco Rd</p> <p>City State Zip Code Indio CA 92201-8202</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed self employed</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">205.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8</p> <p>Transaction ID: 81022.C19518</p> <p>Amount of Each Receipt this Period 205.00</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) Thomas Dickinson</p> <p>Mailing Address 2229 McClellan Pkwy</p> <p>City State Zip Code Sarasota FL 34239-3712</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation retired retired</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1700.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 8</p> <p>Transaction ID: 81022.C19551</p> <p>Amount of Each Receipt this Period 500.00</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) Susan H. Earl</p> <p>Mailing Address 945 Wedge Drive</p> <p>City State Zip Code Naples FL 34103</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation retired retired</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8</p> <p>Transaction ID: 81022.C19553</p> <p>Amount of Each Receipt this Period 100.00</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)	805.00
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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 7 / 37
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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

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

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

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

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 8 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Darlene Jursinski	Date of Receipt MM / DD / YYYY 10 / 14 / 2008
	Mailing Address 20297 Leopard Ln	Transaction ID: 81022.C19524
	City State Zip Code Estero FL 33928-2026	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 Information Requested Occupation Information Requested Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Kevin Jursinski	Date of Receipt MM / DD / YYYY 10 / 14 / 2008
	Mailing Address 20297 Leopard Ln	Transaction ID: 81022.C19525
	City State Zip Code Estero FL 33928-2026	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self Employed Occupation attorney Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Carl J. Kuehner	Date of Receipt MM / DD / YYYY 10 / 01 / 2008
	Mailing Address 900 Broad Avenue, S., #2C	Transaction ID: 81014.C19509
	City State Zip Code Naples FL 34102	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer self-employed Occupation real estate investor Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
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 9 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Marjorie Mathers	Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 4912 Orange Grove Blvd.	Transaction ID: 81022.C19543
	City State Zip Code Fort Myers FL 33903	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 Occupation Red Diamond Real Estate broker	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 475.00	

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

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

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 37
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

<p>A. Full Name (Last, First, Middle Initial) John Miksa</p> <p>Mailing Address 2071 S.E. 28th Street</p> <p>City State Zip Code Cape Coral FL 33904</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation surgeon</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 ▼ 2750.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 8</p> <p>Transaction ID: 81022.C19521</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>B. Full Name (Last, First, Middle Initial) Leslie C. Mozingo</p> <p>Mailing Address 4315 Woodbourne Dr.</p> <p>City State Zip Code Clemmons NC 27012</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer The Ferguson Group Occupation lobbyist</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 ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8</p> <p>Transaction ID: 81022.C19556</p> <p>Amount of Each Receipt this Period 500.00</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) Freeman Patten</p> <p>Mailing Address 7350 Reserve Creek Dr.</p> <p>City State Zip Code Port Saint Lucie FL 34986</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer retired Occupation retired</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 ▼ 1600.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 8</p> <p>Transaction ID: 81022.C19550</p> <p>Amount of Each Receipt this Period 600.00</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)	2100.00
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 11 / 37
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Bonne Posma

Mailing Address 12946 Kedleston Cir

City State Zip Code
Fort Myers FL 33912-6605

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

Name of Employer Occupation
Saminco Inc. Director of Companies

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

Date of Receipt
MM / DD / YYYY
10 / 07 / 2008

Transaction ID: 81022.C19542

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 Rideoutte

Mailing Address 1125 Wildwood Ln

City State Zip Code
Naples FL 34105-3211

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

Name of Employer Occupation
Self Employed consultant

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

Date of Receipt
MM / DD / YYYY
10 / 08 / 2008

Transaction ID: 81022.C19538

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)
Carl Schultz

Mailing Address 13785 Bald Cypress Cir

City State Zip Code
Fort Myers FL 33907-1843

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

Name of Employer Occupation
Cape Coral Emergency physician

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

Date of Receipt
MM / DD / YYYY
10 / 05 / 2008

Transaction ID: 81022.C19539

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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 12 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) A. J. Scribante	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 2969 Wulfert Rd	Transaction ID: 81022.C19564
	City State Zip Code Sanibel FL 33957-2214	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Macks Joint Fundraiser
	Name of Employer Occupation Vital Learning chairman/c.e.o.	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4100.00	

B.	Full Name (Last, First, Middle Initial) David Smith	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 225 Gulf Shore Blvd. N	Transaction ID: 81022.C19552
	City State Zip Code Naples FL 34102-8449	Amount of Each Receipt this Period 500.00
	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 Occupation retired retired	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Mary Ann Stiles	Date of Receipt MM / DD / YYYY 10 / 07 / 2008
	Mailing Address 315 Plant Avenue	Transaction ID: 81022.C19545
	City State Zip Code Tampa FL 33606	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 Occupation Stiles, Taylor & Grace, P.A. attorney	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	750.00
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 13 / 37
	<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	

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

A.

Full Name (Last, First, Middle Initial) Augusto Villalon		Date of Receipt MM / DD / YYYY 10 / 03 / 2008
Mailing Address 3859 Cruz Drive		Transaction ID: 81022.C19535
City Saint James City	State FL	Zip Code 33956
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Engineer/Consultant	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 ▼ 1350.00	

B.

Full Name (Last, First, Middle Initial) Lou Vlasho		Date of Receipt MM / DD / YYYY 10 / 14 / 2008
Mailing Address 700 Fifth Avenue, South		Transaction ID: 81022.C19522
City Naples	State FL	Zip Code 34102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Rimaco Co.	Occupation vice-president	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 ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	10260.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 37
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
American Council of Engineering PAC

Mailing Address 1015 15th Street NW
Suite 802

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

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

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

Mailing Address 300 N Meridian St Ste 2700
Suite 2700

City Indianapolis State IN Zip Code 46204-1750

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

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

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

Mailing Address Political Action Committee
1148 Goodlette Rd N

City Naples State FL Zip Code 34102

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

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

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 37
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A. Full Name (Last, First, Middle Initial)
Darden Rest., Inc. Emp. Good Govt. Fund

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

City Orlando State FL Zip Code 32809

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

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

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

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

Mailing Address PO Box 79226

City Waverley State MA Zip Code 02479-0226

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4435.00

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

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

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

Mailing Address 655 15th Street, NW
Suite 445

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

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

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

SUBTOTAL of Receipts This Page (optional) ▶ 4300.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 / 37	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial) Publix Supermarkets, Inc. Associates PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 8
Mailing Address PO Box 407		Transaction ID: 81022.C19537
City Lakeland	State FL	Zip Code 33802-0407
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
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 ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	8300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 37
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input checked="" 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) Macks Joint Victory Fund		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address PO Box 65168		Transaction ID: 81022.C19557
	City Washington	State DC	Zip Code 20035-5168
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3892.94
	Name of Employer	Occupation	Transfers From Affil./Auth. <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 ▼ 3892.94		

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

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

SUBTOTAL of Receipts This Page (optional)	▶	3892.94
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 37
(check only one)

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)
Carol Walter

Mailing Address 189 E. Lake Shore Dr
6th Fl

City State Zip Code
Chicago IL 60611-

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

Transaction ID: 81022.C19562

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
Lori Hamilton

Mailing Address 23 N Beach Rd

City State Zip Code
Hobe Sound FL 33455-2101

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

Transaction ID: 81022.C19563

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Stephen Smith

Mailing Address 3354 Mandeville Canyon Rd

City State Zip Code
Los Angeles CA 90049-1018

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

Name of Employer Information Requested Occupation Information Requested

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

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

Transaction ID: 81022.C19558

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **0.00**

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 / 37
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input checked="" 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) Linda McCausland		Date of Receipt
	Mailing Address 609 W Francis St		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Aspen	CO	81611-1236
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Information Requested		Occupation Information Requested	Transaction ID: 81022.C19560
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		<input type="text" value="500.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="500.00"/>	Transfer Memo
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
			[MEMO ITEM]
			Macks Joint Fundraiser

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="3892.94"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 20 / 37

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

SUBTOTAL of Disbursements This Page (optional) ▶	13437.34
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
Jamestown Associates

Transaction ID: 81014.E4408
Date of Disbursement

Mailing Address 5 Mapletown Road, #300

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

City State Zip Code
Princeton NJ 08540-

Amount of Each Disbursement this Period

1740.00

Purpose of Disbursement
Radio Buys

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

RADIO BUYS

State: District:

B.

Full Name (Last, First, Middle Initial)
Jamestown Associates

Transaction ID: 81014.E4426
Date of Disbursement

Mailing Address 5 Mapletown Road, #300

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

City State Zip Code
Princeton NJ 08540-

Amount of Each Disbursement this Period

54089.00

Purpose of Disbursement
media buys

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

MEDIA BUYS

State: District:

C.

Full Name (Last, First, Middle Initial)
Mr. Rob Jennings

Transaction ID: 81014.E4405
Date of Disbursement

Mailing Address American Event Consulting, Inc.
501 L St NW

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

City State Zip Code
Washington DC 20001-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
fundraising consulting fee

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

FUNDRAISING CONSULTING FEE

State: District:

SUBTOTAL of Disbursements This Page (optional)

56829.00

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) Mr. Patrick McQuillan Mailing Address 732 N Cleveland St City Arlington State VA Zip Code 22201-1912 Purpose of Disbursement fundraising consulting fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E4404 Date of Disbursement 10 / 01 / 2008 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING CONSULTING 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: 81014.E4416 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 130.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 NEWSPAPER CLIPPING SERVICE
C.	Full Name (Last, First, Middle Initial) Edonation 1 Account Mailing Address 118 N Saint Asaph St City Alexandria State VA Zip Code 22314-3110 Purpose of Disbursement fundraising fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81022.E4467 Date of Disbursement 10 / 15 / 2008 Amount of Each Disbursement this Period 44.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING FEE

SUBTOTAL of Disbursements This Page (optional) ▶

2174.64

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: 81014.E4425 Date of Disbursement 10 / 10 / 2008	
	Mailing Address PO Box 15710		
	City Wilmington State DE Zip Code 19886-5710	Amount of Each Disbursement this Period	20.00
	Purpose of Disbursement credit card fees	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name	Category/Type	
	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) ▼	CREDIT CARD FEES
	State: District:		
B.	Full Name (Last, First, Middle Initial) Stan Lindsey Photography, Inc	Transaction ID: 81014.E4420 Date of Disbursement 10 / 10 / 2008	
	Mailing Address 4985 Tallowood Way		
	City Naples State FL Zip Code 34116-	Amount of Each Disbursement this Period	1049.40
	Purpose of Disbursement Photography Service Fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name	Category/Type	
	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) American Express	Transaction ID: 81015.E4429 Date of Disbursement 10 / 10 / 2008	
	Mailing Address P. O. Box 360002		
	City Fort Lauderdale State FL Zip Code 33336-	Amount of Each Disbursement this Period	7362.03
	Purpose of Disbursement CREDIT CARD: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name	Category/Type	
	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) ▼	CREDIT CARD: SEE BELOW
	State: District:		

SUBTOTAL of Disbursements This Page (optional)	8431.43
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)
The Capital Grille

Mailing Address 601 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20004-

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81015.E4446

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

301.45

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)
Castaways

Mailing Address 2025 Davis Blvd

City Naples State FL Zip Code 34101-

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81015.E4456

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

57.00

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)
All Road Communications

Mailing Address 2222 4th Ave Ste A

City San Diego State CA Zip Code 92101-2112

Purpose of Disbursement
Satellite Telephone Rental

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81015.E4445

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

246.70

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

[MEMO ITEM]
MEMO: SATELLITE TELEPHONE RENTAL

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) The Grape	Transaction ID: 81015.E4460 Date of Disbursement 10 / 10 / 2008
	Mailing Address 23161 Village Shops Way	Amount of Each Disbursement this Period 243.70
	City Estero State FL Zip Code 33928-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement meals	[MEMO ITEM] MEMO: MEALS
	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) AT&T- Cingular Wireless	Transaction ID: 81015.E4437 Date of Disbursement 10 / 10 / 2008
	Mailing Address PO Box 31488	Amount of Each Disbursement this Period 103.99
	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	[MEMO ITEM] MEMO: TELEPHONE SERVICE
	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) AT&T- Cingular Wireless	Transaction ID: 81015.E4439 Date of Disbursement 10 / 10 / 2008
	Mailing Address PO Box 31488	Amount of Each Disbursement this Period 531.94
	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	[MEMO ITEM] MEMO: TELEPHONE SERVICE
	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) ▶

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	Transaction ID: 81015.E4465
	Mailing Address 8953 Terrene Court	Date of Disbursement 10 / 10 / 2008
	City Bonita Springs State FL Zip Code 34135-	Amount of Each Disbursement this Period 157.94
	Purpose of Disbursement storage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/Type
	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) ▼
	State: District:	[MEMO ITEM] MEMO: STORAGE

B.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: 81015.E4435
	Mailing Address 300 First Street, S.E.	Date of Disbursement 10 / 10 / 2008
	City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period 292.48
	Purpose of Disbursement meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/Type
	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) ▼
	State: District:	[MEMO ITEM] MEMO: MEALS

C.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: 81015.E4449
	Mailing Address 300 First Street, S.E.	Date of Disbursement 10 / 10 / 2008
	City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period 124.77
	Purpose of Disbursement meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> Category/Type
	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) ▼
	State: District:	[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) Embassy Suites- Estero <hr/> Mailing Address 10450 Corkscrew Commons Dr <hr/> City Estero State FL Zip Code 33928-9423 <hr/> Purpose of Disbursement Fundraising Expense- lodging Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E4440 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>108.72</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FUNDRAISING EXPENSE-LODGING	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	0	/	2	0	0	8	108.72
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	1	0	/	2	0	0	8														
108.72																							
B.	Full Name (Last, First, Middle Initial) Embassy Suites- Estero <hr/> Mailing Address 10450 Corkscrew Commons Dr <hr/> City Estero State FL Zip Code 33928-9423 <hr/> Purpose of Disbursement Fundraising Expense- lodging Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E4441 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>313.34</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FUNDRAISING EXPENSE-LODGING	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	0	/	2	0	0	8	313.34
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	1	0	/	2	0	0	8														
313.34																							
C.	Full Name (Last, First, Middle Initial) FedEx <hr/> Mailing Address P. O. Box 1140 <hr/> City Memphis State TN Zip Code 38101- <hr/> Purpose of Disbursement express mail delivery Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E4452 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>34.51</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EXPRESS MAIL DELIVERY	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	0	/	2	0	0	8	34.51
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	1	0	/	2	0	0	8														
34.51																							

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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E4453 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 43.17 <input type="checkbox"/> 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) FedEx Mailing Address P. O. Box 1140 City Memphis State TN Zip Code 38101- Purpose of Disbursement express mail delivery Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E4457 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 47.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: EXPRESS MAIL DELIVERY
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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E4458 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 38.94 <input type="checkbox"/> 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) Pelican Marsh Golf Club	Transaction ID: 81015.E4459 Date of Disbursement 10 / 10 / 2008
	Mailing Address 1810 Persimmon Dr	Amount of Each Disbursement this Period 56.28
	City Naples State FL Zip Code 34109-0308	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement meals Candidate Name	[MEMO ITEM] MEMO: MEALS
	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) US Airways	Transaction ID: 81015.E4447 Date of Disbursement 10 / 10 / 2008
	Mailing Address 7 Park Center	Amount of Each Disbursement this Period 272.00
	City Pittsburgh State PA Zip Code 15220-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement travel expense- airline ticket Candidate Name	[MEMO ITEM] MEMO: TRAVEL EXPENSE- AIR-LINE TICKET
	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) US Airways	Transaction ID: 81015.E4448 Date of Disbursement 10 / 10 / 2008
	Mailing Address 7 Park Center	Amount of Each Disbursement this Period 442.00
	City Pittsburgh State PA Zip Code 15220-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement travel expense- airline ticket Candidate Name	[MEMO ITEM] MEMO: TRAVEL EXPENSE- AIR-LINE TICKET
	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) US Airways	Transaction ID: 81015.E4442 Date of Disbursement 10 / 10 / 2008
	Mailing Address 7 Park Center	Amount of Each Disbursement this Period 233.50
	City Pittsburgh State PA Zip Code 15220-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement travel expense- airline ticket	[MEMO ITEM] MEMO: TRAVEL EXPENSE- AIR-LINE TICKET
	Candidate Name	Category/Type
	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) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 81015.E4443 Date of Disbursement 10 / 10 / 2008
	Mailing Address 131 North Court House Rd	Amount of Each Disbursement this Period 203.39
	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 service	[MEMO ITEM] MEMO: CELL PHONE SERVICE
	Candidate Name	Category/Type
	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) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: 81015.E4438 Date of Disbursement 10 / 10 / 2008
	Mailing Address 4333 Amon Carter Blvd	Amount of Each Disbursement this Period 786.00
	City Fort Worth State TX Zip Code 76155-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement travel expense- airline ticket	[MEMO ITEM] MEMO: TRAVEL EXPENSE- AIR-LINE TICKET
	Candidate Name	Category/Type
	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) ▼
	State: District:	

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)
American Airlines

Mailing Address 4333 Amon Carter Blvd

City State Zip Code
Fort Worth TX 76155-

Purpose of Disbursement
travel expense- airline ticket

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81015.E4451
Date of Disbursement

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

Amount of Each Disbursement this Period

385.00

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

[MEMO ITEM]

MEMO: TRAVEL EXPENSE- AIR-LINE TICKET

B.

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

Mailing Address

City State Zip Code
Naples FL 34109-

Purpose of Disbursement
Fundraising expense- catering

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81015.E4464
Date of Disbursement

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

Amount of Each Disbursement this Period

617.79

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

[MEMO ITEM]

MEMO: FUNDRAISING EXPENSE-CATERING

C.

Full Name (Last, First, Middle Initial)
Vergina

Mailing Address 700 5th Ave S

City State Zip Code
Naples FL 34102-6604

Purpose of Disbursement
meals

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81015.E4454
Date of Disbursement

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

Amount of Each Disbursement this Period

8.36

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

[MEMO ITEM]

MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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FOR LINE NUMBER:
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<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 Mailing Address 1050 Connecticut Ave NW City Washington State DC Zip Code 20036-5308 Purpose of Disbursement legal accounting and admin 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: 81014.E4414 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 4994.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 LEGAL ACCOUNTING AND ADMIN FEES
B.	Full Name (Last, First, Middle Initial) Aristotle International Mailing Address 205 Pennsylvania Avenue, SE City Washington State DC Zip Code 20003- Purpose of Disbursement Database #8 of 8 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E4419 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 2100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DATABASE #8 OF 8
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 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: 81014.E4407 Date of Disbursement 10 / 01 / 2008 Amount of Each Disbursement this Period 429.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELL PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

7523.62

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) 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: 81014.E4422 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 22.32 <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 Finance Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E4423 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 5.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FINANCE CHARGES
C.	Full Name (Last, First, Middle Initial) eFax Mailing Address j2 Global Communications 6922 Hollywood Blvd City Los Angeles State CA Zip Code 90028- Purpose of Disbursement fax services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E4424 Date of Disbursement 10 / 10 / 2008 Amount of Each Disbursement this Period 16.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FAX SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶

22.32

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)

<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) Jivaldi LLC <hr/> Mailing Address 707 MOUNT Errigal Pl <hr/> City Lincoln State CA Zip Code 95648- <hr/> Purpose of Disbursement website maintenance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E4418 Date of Disbursement 10 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 881.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WEBSITE MAINTENANCE
B.	Full Name (Last, First, Middle Initial) J.M. Williams & Associates, Llc <hr/> Mailing Address 522 E Park Ave Ste 201 Suite 201 <hr/> City Tallahassee State FL Zip Code 32301-2583 <hr/> Purpose of Disbursement Travel expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E4409 Date of Disbursement 10 / 08 / 2008 <hr/> Amount of Each Disbursement this Period 1673.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL EXPENSE
C.	Full Name (Last, First, Middle Initial) Line 1 Communications <hr/> Mailing Address 3400 Birchwood Manor <hr/> City Tallahassee State FL Zip Code 32312- <hr/> Purpose of Disbursement fax/email services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81014.E4415 Date of Disbursement 10 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 1152.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FAX/EMAIL SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶

3707.71

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

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

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

SUBTOTAL of Disbursements This Page (optional)	6004.69
TOTAL This Period (last page this line number only)	98130.75

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

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

Mailing Address PO Box 79226

City Waverley State MA Zip Code 02479-0226

Purpose of Disbursement
Refund of Contribution excessive contrib

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

010
Category/
Type

Transaction ID: 81022.E4468

Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

635.00

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

SUBTOTAL of Disbursements This Page (optional)

635.00

TOTAL This Period (last page this line number only)

635.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)

A. J. Scribante

Mailing Address 2969 Wulfert Rd

City Sanibel State FL Zip Code 33957-2214

Purpose of Disbursement
Refund of Contribution excessive contrib

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81022.E4470

Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00