FEC FORM 3			T OF R SBURS Authorized C	EME	ENTS			C	office Use Only	
1. NAME OF COMMITTEE (in		SE FEC MAI R TYPE OR	LING LABEL PRINT 🐺	Examp over th	le:If typing, t ne lines	уре				
Friends of Connie	Mack									
ADDRESS (number a	nd street)	P.O. Box 5	519							
Check if diff than previou reported. (A	sly	Naples					L FL		34106	
2. FEC IDENTIFIC	ATION NUMBE	R 🗑	CITY	′ <b>A</b>			STAT	EA	ZIP COL	
C0039124	3		3. IS THI REPO		NEW (N)	OR		AMENDE (A)		
July 15	eports: 5 Quarterly Rep Quarterly Rep	ort (Q2)		F	ection Repo Irimary (12P Convention (1	)		General (12 Special (125 2 0 0 6		Runoff (12R)
	r 15 Quarterly I y 31 Year-End			-				<u></u>	State	
_	ation Report (T		(c) 30-Day Electio		Election Rep			Runoff (30R	in the State of	Special (30S)
5. Covering Period	10	01	2006		through	10		18	2006	
I certify that I have exa Type or Print Name of			e best of my know Engle	vledge an	d belief it is	true, corre	ect and c	omplete.		
Signature of Treasure	·	ally Filed by	Craig Engle				Date	10	26	2006
NOTE : Submission c	t talse, erronec	us, or incom	plete information	may subj	ect the perso	on signing	this Rep	ort to the pe		
Use Only									FEC FOR (Revised 02/2	

Imag	e# 26930519507 FEC Form 3 (Revised 02/2003)	SUMMARY PAGE of Receipts and Disbursements	Page 2
_	Vrite or Type Committee Name		raye z
	Friends of Connie Mack		
-	Report Covering the Period: From:	M M D D Y Y Y Y 10 01 2006	To: M M D D Y Y Y Y 10 18 2006
		COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net Contributions (other than loans)		
	<ul><li>(a) Total Contributions</li><li>(other than loans) (from Line 11(e))</li></ul>	23843.00	1084663.18
	(b) Total Contribution Refunds (from Line 20(d))	2000.00	3100.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	21843.00	1081563.18
7.	Net Operating Expenditures	-	
	(a) Total Operating Expenditures (from Line 17)	90543.10	903795.83
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	839.62
	<ul> <li>(c) Net Operating Expenditures</li> <li>(subtract Line 7(b) from Line 7(a))</li> </ul>	90543.10	902956.21
8.	Cash on Hand at Close of Reporting Period (from Line 27)	329879.16	
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

## For further information contact:

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

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

nage# 26930519508		DETAILED SUMMARY PAGE	
	FEC Form 3 (Revised 02/2003)	of Receipts	Page 3
	/rite or Type Committee Name riends of Connie Mack		
R	eport Covering the Period: From:	M M D D Y Y Y Y 10 01 2006	To: M M D D Y Y Y Y 10 18 2006
	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11.	CONTRIBUTIONS (other than loans) FRC	DM:	
	<ul> <li>(a) Individuals/Persons Other Than</li> <li>Political Committees</li> <li>(i) Itemized (use Schedule A)</li> </ul>	10690.00	715207.70
	(ii) Unitemized	1653.00	61242.98
	(iii) TOTAL of contributions from individuals	▶ 12343.00	776450.68
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACS)	11500.00	308212.50
	(d) The Candidate	0.00	0.00
	<ul> <li>(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))</li> </ul>	23843.00	1084663.18
12.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13.	LOANS		
	(a) Made or Guaranteed by the Candidate	0.00	0.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
14.	OFFSETS TO OPERATING	_	
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	839.62
15.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	116.40
16.	<b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)		1085619.20

## Image# 26930519509

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003) **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 90543.10 903795.83 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of all Other Loans..... (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other 2000.00 3100.00 Than Political Committees..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) TOTAL CONTRIBUTION REFUNDS 2000.00 3100.00 (add Lines 20(a), (b), and (c))..... 2100.00 9100.00 21. OTHER DISBURSEMENTS..... 22. TOTAL DISBURSEMENTS 94643.10 915995.83 (add Lines 17, 18, 19(c), 20(d), and 21)

## **III. CASH SUMMARY**

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	400679.26
24.	TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)	23843.00
25.	SUBTOTAL (add Line 23 and Line 24)	424522.26
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	94643.10
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	329879.16

Page 4

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS		)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 5 / 35           (check only one)         X           X         11a
Ar	y information copied from such Reports and for commercial purposes, other than using the second s	d Statements may	not be sold or used by any pers	12 13a 13b 14 15 on for the purpose of soliciting contributions
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) Friends of Connie Mack			
<u>/</u> А.	Full Name (Last, First, Middle Initial) Robert Allen			Date of Receipt
	Mailing Address 430 Grand Bay Drive Apt. 605			10 <sup>//</sup> 11 <sup>/</sup> 2006
	City Key Biscayne	State FL	Zip Code 33149	Transaction ID: 61025.C16269 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Information Requested Receipt For: 2006		n on Requested ycle-to-Date ▼	Receipt     Limit Increased Due to Opponent's     Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼		500.00	]
в.	Full Name (Last, First, Middle Initial) William Barrott			Date of Receipt
	Mailing Address P. O. Box 912			10 <sup> / D D</sup> / Y Y Y Y 2006
	City Marco Island	State FL	Zip Code 34146	Transaction ID: 61025.C16227
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer n/a	Occupation	1	Receipt     Limit Increased Due to Opponent's
	Receipt For: 2006 Primary X General	retired Election C	ycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)
	Other (specify) <b>v</b>		250.00	
с.	Full Name (Last, First, Middle Initial) A. J. Bourgeois			Date of Receipt
	Mailing Address 10100 Hillview Road	d, #608		10 <sup>//</sup> 2006
	City	State	Zip Code	Transaction ID: 61025.C16223
	Pensacola FEC ID number of contributing federal political committee.	FL C	32514	Amount of Each Receipt this Period
	Name of Employer n/a	Occupation	1	Receipt
	Receipt For: 2006	retired Election C	ycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼	0 0	300.00	]
s	UBTOTAL of Receipts This Page (optional)	)		850.00
т	OTAL This Period (last page this line numb	per only)	· · · · · · · · · · · · · · · · · · ·	

IT	CHEDULE A (FEC Form 3 EMIZED RECEIPTS	-	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 6/35           (check only one)         (check only one)           X         11a         11b         11c         11d           12         13a         13b         14         15
Ar or	y information copied from such Reports and for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Friends of Connie Mack			
Α.	Full Name (Last, First, Middle Initial) Michael G. Fink Mailing Address 1055 Wyomi Drive			Date of Receipt
				10 02 2006
	City Fort Myers	State FL	Zip Code 33919	Transaction ID: 61010.C16186
	FEC ID number of contributing		22919	Amount of Each Receipt this Period
	federal political committee.	C		
	Name of Employer Fink & Boyle, P.A.	Occupation	1	Receipt
	Receipt For: 2006	Election C	ycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General			1
	Other (specify) ▼	0 0	3500.00	
в.	Full Name (Last, First, Middle Initial) Donald Friday			Date of Receipt
	Mailing Address 3924 Wilshire Ct			10 <sup> D D</sup> / Y Y Y Y 1007 2006
	City	State	Zip Code	Transaction ID: 61025.C16221
	Sarasota	FL	34238-2571	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer retired	Occupation	1	
	Receipt For: 2006	retired Election C	ycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General			1
	Other (specify)	0 0	403.00	
C.	Full Name (Last, First, Middle Initial) Edward Goodnow			Date of Receipt
	Mailing Address 9 Old Kings Highwa	у		M M / D D / Y Y Y Y 10 13 2006
	City	State	Zip Code	Transaction ID: 61025.C16201
	Darien	СТ	06820	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2100.00
	Name of Employer Goodwin Gray & Co.	Occupation		Receipt     Limit Increased Due to Opponent's
	Receipt For: 2006		nt manager ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼		2100.00	]
s	UBTOTAL of Receipts This Page (optional	)		2625.00
т	OTAL This Period (last page this line numb	per only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS		)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 7 / 35         (check only one)
Ar or	y information copied from such Reports an for commercial purposes, other than using	d Statements may the name and add	v not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Friends of Connie Mack			
Α.	Full Name (Last, First, Middle Initial) George Hickey Mailing Address P.O. Box 10765			Date of Receipt
	City	State	Zip Code	10         12         2006           Transaction ID:         61025.C16230
	Tampa FEC ID number of contributing federal political committee.	FL C	33679	Amount of Each Receipt this Period 500.00
	Name of Employer Bond Auto Sales         Receipt For:       2006         Primary       X General         Other (specify) ▼	Occupation manager Election C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
В.	Full Name (Last, First, Middle Initial) Earl P Holland Mailing Address 15270 Kilbirnie Driv	e		Date of Receipt
	City Fort Myers	State FL	Zip Code 33912	Transaction ID: 61025.C16214 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer         retired         Receipt For:       2006         Primary       X General         Other (specify)       ▼	Occupation retired Election C	n tycle-to-Date ▼ 3250.00	<ul> <li>Receipt</li> <li>Limit Increased Due to Opponent's</li> <li>Spending (2 U.S.C. 441a(i)/441a-1)</li> </ul>
C.	Full Name (Last, First, Middle Initial) Constance Hunter Mailing Address 4329 S Atlantic Ave	, I		Date of Receipt
	City Ponce Inlet	State FL	Zip Code 32127-6903	Transaction ID: 61025.C16267 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer retired	Occupation retired		<ul> <li>Receipt</li> <li>Limit Increased Due to Opponent's</li> <li>Spending (2 U.S.C. 441a(i)/441a-1)</li> </ul>
	Receipt For:     2006       Primary     X       Other (specify)	Election C	ycle-to-Date ▼ 350.00	
s	UBTOTAL of Receipts This Page (optiona	l)		1530.00
Т	OTAL This Period (last page this line num	ber only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS		)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 8 / 35         (check only one)
Ar or	y information copied from such Reports ar for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any pers lress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right>$	NAME OF COMMITTEE (In Full) Friends of Connie Mack			
,́А.	Full Name (Last, First, Middle Initial) Roger Jones Mailing Address P. O. Box 516			Date of Receipt
	City Okeechobee	State FL	Zip Code 34973	1 0 0 5 2 0 0 6 Transaction ID: 61025.C16216
	FEC ID number of contributing federal political committee.	C	34973	Amount of Each Receipt this Period
	Name of Employer self-employed         Receipt For:       2006         Primary       X General         Other (specify) ▼	Occupation rancher Election C	ycle-to-Date ▼ 250.00	<ul> <li>Receipt</li> <li>Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</li> </ul>
в.	Full Name (Last, First, Middle Initial)         Kenneth Ludman         Mailing Address       66 Hilltop Drive			Date of Receipt
	City Chappagua	State NY	Zip Code 10514	10162006Transaction ID:61025.C16202Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1000.00
	Name of Employer         Patricia Lynch Associates         Receipt For:       2006         Primary       X         General         Other (specify) ▼	Occupation attorney Election C	n ycle-to-Date ▼ 1000.00	<ul> <li>Receipt</li> <li>Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</li> </ul>
C.	Full Name (Last, First, Middle Initial) Henry N. McCluney Mailing Address 271 Indian Harbor I	- I Rd		Date of Receipt
	City Vero Beach	State	Zip Code 32963-3508	10     05     2006       Transaction ID:     61025.C16224       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer n/a Receipt For: 2006	Occupation retired	n ycle-to-Date ▼	<ul> <li>Receipt</li> <li>Limit Increased Due to Opponent's</li> <li>Spending (2 U.S.C. 441a(i)/441a-1)</li> </ul>
	Primary X General Other (specify)		900.00	
s	UBTOTAL of Receipts This Page (optiona	l)		1400.00
т	OTAL This Period (last page this line num	ber only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS		)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 9 / 35         (check only one)       11a         X       11a       11b         12       13a       13b       14
Ar or	y information copied from such Reports an for commercial purposes, other than using	d Statements may the name and add	r not be sold or used by any pers Iress of any political committee to	o solicit contributions from such committee.
$\left \right>$	NAME OF COMMITTEE (In Full) Friends of Connie Mack			
<u>́</u> А.	Full Name (Last, First, Middle Initial) Joy McCormack Mailing Address 15560 Greenock La	ne		Date of Receipt
	City	State	Zip Code	1 0 0 3 2 0 0 6 Transaction ID: 61025.C16220
	Fort Myers	FL	33912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer RJ McCormack	Occupation architect	1	Receipt     Limit Increased Due to Opponent's
	Receipt For: 2006 Primary X General	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Other (specify) ▼	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) Mary McGillicuddy	•		Date of Receipt
	Mailing Address 2820 SE 19th PL			10 <sup>//</sup> 07 <sup>/</sup> 2006
	City	State	Zip Code	Transaction ID: 61025.C16240
	Cape Coral	<u> </u>	33904-4015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Lee Memorial Health System	Occupation attorney		Receipt     Limit Increased Due to Opponent's     Opponent's
	Receipt For: 2006	Election C	ycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary     X     General       Other (specify)     Image: Contract of the specify of the specific of the specif		600.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) James Oliver	I		Date of Receipt
	Mailing Address 1902 Atlantic Avenu	e		M · M         /         D · D         /         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y         Y · Y · Y · Y · Y         Y · Y · Y · Y · Y         Y · Y · Y · Y · Y · Y         Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·
	City	State	Zip Code	Transaction ID: 61025.C16205
	Fernandina Beach	FL	32034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Information Requested	Occupation	n on Requested	Receipt     Limit Increased Due to Opponent's
	Receipt For: 2006		ycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify)		400.00	
s	UBTOTAL of Receipts This Page (optional	)		700.00
	OTAL This Period (last page this line numb	,		

	CHEDULE A (FEC Form 3 EMIZED RECEIPTS	)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 10 / 35           (check only one)         X           X         11a           11b         11c
Ar or	y information copied from such Reports ar for commercial purposes, other than using	d Statements may the name and add	r not be sold or used by any pers Iress of any political committee to	12     13a     13b     14     15       on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Friends of Connie Mack			
Α.	Full Name (Last, First, Middle Initial) Willis Roberts			Date of Receipt
	Mailing Address 2171 Gulf Shore Bl Apt. 401			10 <sup>//</sup> <sup>2006</sup> / <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>
	City Naples	State FL	Zip Code 34102-4625	Transaction ID: 61025.C16210 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer retired Receipt For: 2006 Primary X General	Occupation retired Election C	n ycle-to-Date ▼	<ul> <li>Receipt</li> <li>Limit Increased Due to Opponent's</li> <li>Spending (2 U.S.C. 441a(i)/441a-1)</li> </ul>
	Other (specify)	0 0	310.00	
В.	Full Name (Last, First, Middle Initial)         Sheila Rooney         Mailing Address       1321 SE 19th Ter			Date of Receipt
	City	State	Zip Code	Transaction ID: 61025.C16243
	Cape Coral FEC ID number of contributing federal political committee.	FL C	33990-4582	Amount of Each Receipt this Period 35.00
	Name of Employer retired Receipt For: 2006 Primary X General	Occupation retired Election C	n ycle-to-Date ▼	<ul> <li>Receipt</li> <li>Limit Increased Due to Opponent's</li> <li>Spending (2 U.S.C. 441a(i)/441a-1)</li> </ul>
	Other (specify)	0 0	215.00	
C.	Full Name (Last, First, Middle Initial)         James Sadock         Mailing Address       5894 Michaux St			Date of Receipt
	City	State	Zip Code	Transaction ID: 61025.C16259
	Boca Raton FEC ID number of contributing federal political committee.	FL C	33433-7276	Amount of Each Receipt this Period
	Name of Employer retired	Occupation attorney		<ul> <li>Receipt</li> <li>Limit Increased Due to Opponent's</li> <li>Spending (2 U.S.C. 441a(i)/441a-1)</li> </ul>
	Receipt For:     2006       Primary     X       Other (specify)	Election C	ycle-to-Date ▼ 500.00	Spending (2 0.3.0. 44 (a)/44 (a-1)
s	UBTOTAL of Receipts This Page (optiona	I)		185.00
т	OTAL This Period (last page this line num	ber only)	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS		)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 11 / 35       (check only one)     X       X     11a       11b     11c       11a     11b
Ar or	ny information copied from such Reports ar for commercial purposes, other than using	nd Statements may the name and add	r not be sold or used by any pers Iress of any political committee t	12     13a     13b     14     15       on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Friends of Connie Mack			
Α.	Full Name (Last, First, Middle Initial) Joel Schrank Mailing Address 4231 Pt. La Vista R	load		Date of Receipt
	City Jacksonville	State FL	Zip Code	10         09         2006           Transaction ID: 61025.C16233
	FEC ID number of contributing federal political committee.	C	32207-8202	Amount of Each Receipt this Period
	Name of Employer Jacksonville Heart Center         Receipt For:       2006         Primary       X General         Other (specify) ▼	Occupation physician Election C		<ul> <li>Receipt</li> <li>Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</li> </ul>
В.	Full Name (Last, First, Middle Initial) Carl Schultz Mailing Address 13785 Bald Cypres	s Cir		Date of Receipt
	City Fort Myers	State FL	Zip Code 33907-1843	10022006Transaction ID:61025.C16244Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			50.00
	Name of Employer Cape Coral Physicians PA         Receipt For:       2006         Primary       X         General         Other (specify) ▼	Occupation physician Election C		<ul> <li>Receipt</li> <li>Limit Increased Due to Opponent's</li> <li>Spending (2 U.S.C. 441a(i)/441a-1)</li> </ul>
C.	Full Name (Last, First, Middle Initial) David Smith			Date of Receipt
	Mailing Address 225 Gulf Shore Blvd City	d. N State	Zip Code	M M         /         D         D         /         Y
	Naples FEC ID number of contributing federal political committee.	FL	34102-8449	Amount of Each Receipt this Period
	Name of Employer retired Receipt For: 2006	Occupation retired Election C	n ycle-to-Date ▼	Receipt     Limit Increased Due to Opponent's     Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) <b>v</b>		3000.00	]
s	UBTOTAL of Receipts This Page (optiona	al)		1300.00
т	OTAL This Period (last page this line num	ber only)		

	CHEDULE A (FEC Form 3 EMIZED RECEIPTS	)	Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 12/35 (check only one)	
			Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15	
Ar or	y information copied from such Reports ar for commercial purposes, other than using	d Statements may the name and add	r not be sold or used by any pers lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
$\sum$	NAME OF COMMITTEE (In Full)				
$\angle$	Friends of Connie Mack				
Α.	Full Name (Last, First, Middle Initial) Vicky Smith			Date of Receipt	
	Mailing Address 225 Gulf Shore Blve	d N		M M / D D / Y Y Y Y 10 09 2006	
	City	State	Zip Code	Transaction ID: 61025.C16204	
	Naples	FL	34102	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer retired	Occupation	1	Receipt	
		retired		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
	Receipt For: 2006 Primary X General	Election C	ycle-to-Date ▼		
	Other (specify)	0 0	2500.00		
в.	Full Name (Last, First, Middle Initial) David Turner			Date of Receipt	
	Mailing Address 6401 Aragon Way Unit 6-306			M         M         /         D         D         /         Y	
	City	State	Zip Code	Transaction ID: 61025.C16241	
	Fort Myers	FL	33912	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		100.00 Receipt	
	Name of Employer Self Employed	Occupation		Limit Increased Due to Opponent's	
	Receipt For: 2006	contracto Election C	ycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)	
	Primary X General				
	Other (specify)		350.00		
с.	Full Name (Last, First, Middle Initial) Michael Valiquette			Date of Receipt	
	Mailing Address 1206 Bay Drive			M M / D D / Y Y Y Y 10 09 2006	
	City	State	Zip Code	Transaction ID: 61025.C16253	
	Sanibel	FL	33957	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Information Requested	Occupation			
	Receipt For: 2006		on Requested	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
	Primary X General			-	
	Other (specify)	0 0	1000.00		
s	UBTOTAL of Receipts This Page (optiona	l)		1600.00	
т	OTAL This Period (last page this line num	ber only)			

SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 13/35           (check only one)         11a           X         11a           12         13a           13b         14
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Friends of Connie Mack		
A. Jovan Zepcevski Mailing Address 7802 Jean Blvd.	State Zip Code	Date of Receipt 10 / 05 / 2006 Transaction ID: 61025.C16245
Fort Myers FEC ID number of contributing federal political committee.	FL 33912	Amount of Each Receipt this Period 500.00 Receipt
Name of Employer         Zep Construction, Inc.         Receipt For:       2006         Primary       X General         Other (specify)       ▼	Occupation Bridge Contractor Election Cycle-to-Date ▼ 1750.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	►	500.00
TOTAL This Period (last page this line number only)	►	10690.00

	CHEDULE A (FEC Form 3 EMIZED RECEIPTS	)	Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 14/35 (check only one)
••			Detailed Summary Page	11a 11b X 11c 11d 12 13a 13b 14 15
Ar	ny information copied from such Reports and for commercial purposes, other than using	d Statements may	/ not be sold or used by any pers	on for the purpose of soliciting contributions
$\overline{\nabla}$	NAME OF COMMITTEE (In Full)			
$\geq$	Friends of Connie Mack			
Α.				Date of Receipt
	Mailing Address 1015 15th Street NV Suite 802	V		10 <sup>//</sup> 02 <sup>/</sup> 2006
	City	State	Zip Code	Transaction ID: 61025.C16235
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation	n	Receipt
	Deside Former 0000			Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary X General	Election C	Cycle-to-Date ▼	
	Other (specify)	0 0	3000.00	
в.	Full Name (Last, First, Middle Initial) BellSouth Employees Federal PAC			Date of Receipt
	Mailing Address 150 S. Monroe Stree	et, #400		M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: 61025.C16264
	Tallahassee	<u> </u>	32301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0174060	1000.00
	Name of Employer	Occupation	n	Receipt     Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary     X     General       Other (specify)     Image: Content of the specify of the specify of the specify of the specify of the specific of the specif		6000.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Build PAC - Natl Assn of Home Builders	I		Date of Receipt
	Mailing Address 1201 15th St NW			M M / D D / Y Y Y Y 10 03 2006
	City	State	Zip Code	Transaction ID: 61010.C16185
	Washington	DC	20005-2842	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0000901	3000.00
	Name of Employer	Occupation	n	Receipt
	Receipt For: 2006	Election C	cycle-to-Date V	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary     X     General       Other (specify)     ▼	0 0	6000.00	
	UBTOTAL of Receipts This Page (optional	)		5000.00
		,	•	
11	OTAL This Period (last page this line numb	per only)		

S	CHEDULE A (FEC Form 3	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/35 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	11a 11b X 11c 11d
•				12 13a 13b 14 15
Ar   or	ny information copied from such Reports an for commercial purposes, other than using	the name and add	r not be sold or used by any persol ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\sum$	NAME OF COMMITTEE (In Full)			
	Friends of Connie Mack			
Α.	Full Name (Last, First, Middle Initial) ConocoPhillips Spirit PAC			Date of Receipt
	Mailing Address 1400B Plaza Office	Building		M · M         /         D · D         /         Y · Y · Y · Y         Y           10         01         2006
	City	State	Zip Code	Transaction ID: 61025.C16238
	Bartlesville	OK	74004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> COO	0112896	1000.00
	Name of Employer	Occupation	1	Receipt     Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General		1000.00	1
	Other (specify)	0 0		1
В.	Full Name (Last, First, Middle Initial) Credit Suisse First Boston Govt. Fund PA			Date of Receipt
	Mailing Address 1201 F Street, NW Suite 450			10 <sup>//</sup> <sup>//</sup> <sup>/</sup>
	City	State	Zip Code	Transaction ID: 61025.C16236
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C COO	0111559	1500.00
	Name of Employer	Occupation	1	Receipt     Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General		2500.00	1
	Other (specify)	0 0	2300.00	
C.	Full Name (Last, First, Middle Initial) CTIA PAC			Date of Receipt
	Mailing Address 1400 16th Street, N Suite 600	W		M · M         /         D · D         /         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y         Y         Y · Y · Y · Y · Y         Y · Y · Y · Y · Y         Y         Y · Y · Y · Y · Y         Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·
	City	State	Zip Code	Transaction ID: 61025.C16203
	Washington	DC	20036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	1	
	Receipt For: 2006	Election C	ycle-to-Date V	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General			1
	Other (specify)	0 0	500.00	
s	UBTOTAL of Receipts This Page (optiona	l)		3000.00
Т	OTAL This Period (last page this line num	ber only)		

<b>IT</b>	CHEDULE A (FEC Form 3) EMIZED RECEIPTS y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Friends of Connie Mack	atements may name and add	Use separate schedule(s) or each category of the Detailed Summary Page not be sold or used by any perso fress of any political committee to	FOR LINE NUMBER:       PAGE 16 / 35         (check only one)       11a         11a       11b       X         12       13a       13b         14       15         n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial)         Florida Farm Bureau PAC         Mailing Address       P. O. Box 147030         City         Gainesville         FEC ID number of contributing federal political committee.         Name of Employer         Receipt For:       2006         Primary       X General         Other (specify) ▼	State FL Occupation Election C	Zip Code 32614 ycle-to-Date V 1000.00	Date of Receipt
В.	Full Name (Last, First, Middle Initial)         HSBC North America PAC         Mailing Address       1401 Eye Street, NW         Suite 520         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer         Receipt For:       2006         Primary       X General         Other (specify) ▼	State DC C Occupation Election C	Zip Code 20005	Date of Receipt  Date of Receipt  Date of Receipt  D D D Y Y Y Y  2 0 0 6  Transaction ID: 61012.C16192  Amount of Each Receipt this Period  2500.00  Receipt  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	►	3500.00
TOTAL This Period (last page this line number only)	►	11500.00

S	CHEDULE B (FEC Form 3 )	Use seperate schedule(s)	-	NUMBER: PAGE 17/35
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	√one) ▼ 17
		Detailed Summary Page		20a 20b 20c 21
An	y Information copied from such Reports and Statem	ents may not be sold or used	by any person f	or the purpose of solicating contributions
or	or commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee
Ν	NAME OF COMMITTEE (In Full)			
Ľ	Friends of Connie Mack			
Α.	Full Name (Last, First, Middle Initial) Miromar Lakes Golf Club			Transaction ID: 61025.E3027 Date of Disbursement
	Mailing Address 10801 Corkscrew Road Suite 305			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \end{array} \right) \left( \begin{array}{c} D \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ Y $
		State Zip Code		Amount of Each Disbursement this Period
	Estero	FL 33928-		
	Purpose of Disbursement FUNDRAISING EXPENSE - LOCATION RENT			2000.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	President	ment For: Primary General Other (specify) ▼		FUNDRAISING EXPENSE - LOC- ATION RENT
	State: District:			
В.	Full Name (Last, First, Middle Initial) Mr. Rob Jennings			Transaction ID: 61025.E3022 Date of Disbursement
	Mailing Address American Event Consultir 501 L St NW	ng, Inc.		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ \end{array} \\ \end{array} \\ \begin{array}{c} 0 \\ \end{array} \\ \end{array} \\ \begin{array}{c} 0 \\ \end{array} \\ \begin{array}{c} D \\ \end{array} \\ \begin{array}{c} D \\ \end{array} \\ \begin{array}{c} 0 \\ \end{array} \\ \end{array} \\ \begin{array}{c} 0 \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} 0 \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} 0 \\ \end{array} \\$
		State Zip Code DC 20001-		Amount of Each Disbursement this Period
	Purpose of Disbursement FUNDRAISING CONSULTING FEE			1000.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		FUNDRAISING CONSULTING FEE
	State: District:			
C.	Full Name (Last, First, Middle Initial) Sidewalk Salads			Transaction ID: 61025.E3029 Date of Disbursement
	Mailing Address 5930 NW 3rd Street			$10^{M} 10^{M} 10^{I} $
		State Zip Code FL 33126-		Amount of Each Disbursement this Period
	Purpose of Disbursement FUNDRAISING EXPENSE - CATERING		695.50 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		FUNDRAISING EXPENSE - CAT- ERING
Γ				2005 50
s	<b>JBTOTAL</b> of Disbursements This Page (optional)		····· ►	3695.50
т	OTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 18 / 35
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one)
	Detailed Summary Page	20a 20b 20c 21
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full)		
Friends of Connie Mack		
Full Name (Last, First, Middle Initial) A. Arthur J. Finkelstein & Assoc.		Transaction ID: 61025.E3034 Date of Disbursement
Mailing Address 16 N. Astor Street		$\begin{array}{c c} M & M \\ 1 & 0 \\ \end{array} \begin{array}{c} M & M \\ \end{array} \begin{array}{c} D \\ 1 & 0 \\ \end{array} \begin{array}{c} D \\ 1 & 0 \\ \end{array} \begin{array}{c} D \\ 1 & 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $
,	State Zip Code NY 10533-	Amount of Each Disbursement this Period
Purpose of Disbursement POLITICAL CONSUTING & TRAVEL EXPENS	Г	4721.23
Candidate Name	C	ategory/     Refund or Disposal of Excess       Contributions Required Under       11 C.F.R. 400.53
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼	POLITICAL CONSUTING & TRA- VEL EXPENS
Full Name (Last, First, Middle Initial)		Transaction ID: 61025.E3025
B. Jamestown Associates		Date of Disbursement
Mailing Address 5 Mapletown Road, #300		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 1 \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 1 \\ 0 \end{array} \\ \begin{array}{c} D \\ 1 \\ 0 \end{array} \\ \begin{array}{c} D \\ 1 \\ 0 \end{array} \\ \begin{array}{c} V \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \\ \begin{array}{c} V \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \\ \begin{array}{c} V \\ Y \\$
	State Zip Code NJ 08540-	Amount of Each Disbursement this Period
Purpose of Disbursement CAMPAIGN WEBSITE UPDATES	Г	300.00 Refund or Disposal of Excess
Candidate Name		ategory/Contributions Required UnderType11 C.F.R. 400.53
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼	CAMPAIGN WEBSITE UPDATES
State: District:		
Full Name (Last, First, Middle Initial) C. Jamestown Associates		Transaction ID: 61025.E3037 Date of Disbursement
Mailing Address 5 Mapletown Road, #300		10 <sup>M</sup> / 18 <sup>D</sup> / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code NJ 08540-	Amount of Each Disbursement this Period
Purpose of Disbursement MEDIA BUYS - CAMPAIGN COMMERCIALS	Γ	49862.00 Refund or Disposal of Excess
Candidate Name	C	Type Refute of Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼	MEDIA BUYS - CAMPAIGN COM- MERCIALS
SUBTOTAL of Disbursements This Page (optional)		54883.23
TOTAL This Period (last page this line number only)		

S	CHEDULE B (FEC Form 3 )	Use seperate schedule(s)	-	NUMBER: PAGE 19/35		
IT	EMIZED DISBURSEMENTS	for each category of the	(check only			
		Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21		
	y Information copied from such Reports and Statem					
or	for commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee		
$\mathbb{N}$	NAME OF COMMITTEE (In Full)					
V	Friends of Connie Mack					
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: 61025.E3026		
Α.	FL Business Information, Inc.			Date of Disbursement		
	Mailing Address PO Box 193			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \end{array} \right) \left( \begin{array}{c} D \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ Y $		
		State Zip Code		Amount of Each Disbursement this Period		
	-	FL 32619-		130.00		
	Purpose of Disbursement NEWSPAPER CLIPPING SERVICE			Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse	ment For:		NEWSPAPER CLIPPING SERVICE		
	Senate	Primary General		NEWSFAI EN GEITTING SERVICE		
	State: District:	Other (specify)				
	Full Name (Last, First, Middle Initial)					
В.	Platinum Plus For Business - Credit Card			Transaction ID: 61025.E3043 Date of Disbursement		
	Mailing Address PO Box 15469			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \end{array} \right) \left( \begin{array}{c} D \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ Y $		
		StateZip CodeDE19850-5469		Amount of Each Disbursement this Period		
	Purpose of Disbursement			10689.23		
	CREDIT CARD: SEE BELOW			Refund or Disposal of Excess Contributions Required Under		
	Candidate Name		Category/ Type	11 C.F.R. 400.53		
	Office Sought: House Disbursed	nent For: Primary General		CREDIT CARD: SEE BELOW		
	President	Other (specify)				
	State: District:					
C.	Full Name (Last, First, Middle Initial) Avis Rent-A-Car			Transaction ID: 61025.E3073 Date of Disbursement		
				10 <sup>M · M</sup> / D · D / Y · Y · Y · Y · Y · Y · Y · Y · Y · Y		
	Mailing Address multiple locations					
	City	State Zip Code		Amount of Each Disbursement this Period		
	Purpose of Disbursement			104.80		
	TRAVEL - CAR RENTAL		Caterrar	Refund or Disposal of Excess Contributions Required Under		
	Candidate Name		Category/ Type	11 C.F.R. 400.53		
	Office Sought: House Disburse	ment For:				
	Senate	Primary General		MEMO: TRAVEL - CAR RENTAL		
	President District:	Other (specify)				
Г	State: District:					
s	SUBTOTAL of Disbursements This Page (optional)					
Ĕ						
Т	TOTAL This Period (last page this line number only)         FEG. Sate data P (Form 2 )         Description					

S	CHEDULE B (FEC Form 3 )	Use seperate schedule(s)	-	NUMBER: PAGE 20/35		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	yone) X 17 18 19a 19b		
				20a 20b 20c 21		
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name					
$\square$	NAME OF COMMITTEE (In Full)					
$\mathbb{Z}$	Friends of Connie Mack					
Α.	Full Name (Last, First, Middle Initial) Best Buy			Transaction ID: 61025.E3048 Date of Disbursement		
	Mailing Address 5019 S. Cleveland Avenu	e		$\begin{array}{c} \begin{array}{c} M & M \\ 1 & 0 \end{array} & \begin{array}{c} \prime \\ \end{array} & \begin{array}{c} D \\ 1 & 0 \end{array} & \begin{array}{c} 0 \\ \end{array} & \begin{array}{c} \gamma \\ \end{array} & \begin{array}{c} Y \\ 2 & 0 \\ 0 \\ \end{array} & \begin{array}{c} Y \\ 0 \\ \end{array} & \begin{array}{c} Y \\ Y \\ \end{array} & \begin{array}{c} Y \\ 2 \\ 0 \\ \end{array} & \begin{array}{c} Y \\ Y \\ \end{array} & \begin{array}{c} Y \\ Y \\ Y \\ \end{array} & \begin{array}{c} Y \\ Y $		
	,	State Zip Code FL 33907-		Amount of Each Disbursement this Period		
	Purpose of Disbursement OFFICE SUPPLIES			442.51 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		
	Office Sought: House Disburser Senate President	nent For: Primary     General Other (specify) ▼		MEMO: OFFICE SUPPLIES		
	State: District: Full Name (Last, First, Middle Initial)					
В.	Best Buy			Transaction ID: 61025.E3085 Date of Disbursement		
	Mailing Address 5019 S. Cleveland Avenu	e		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} D \\ 1 \\ 0 \end{array} \end{array} \begin{array}{c} D \\ 1 \\ 0 \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} V \\ 1 \\ 0 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 0 \end{array} \begin{array}{c} Y \\ 0 \\ 0 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 0 \end{array} \begin{array}{c} Y \\ Y $		
		State Zip Code FL 33907-		Amount of Each Disbursement this Period		
	Purpose of Disbursement OFFICE EQUIPMENT			237.27 Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼				
	State: District:					
C.	Full Name (Last, First, Middle Initial) Chef Geoffs			Transaction ID: 61025.E3064 Date of Disbursement		
	Mailing Address 3201 New Mexico Ave., N	I.W.		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \end{array} \left( \begin{array}{c} D \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ Y $		
		State Zip Code DC 20016-		Amount of Each Disbursement this Period		
	Purpose of Disbursement MEALS		135.55 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		MEMO: MEALS		
	State: District:					
s	JBTOTAL of Disbursements This Page (optional)		<b>)</b>	0.00		
т	TOTAL This Period (last page this line number only)					

S	CHEDULE B (FEC Form 3 )	Use seperate schedule(s)		NUMBER: PAGE 21/35	
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	y one) X 17 18 19a 19b	
		Detailed Summary Page	-	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	
	y Information copied from such Reports and Statem				
or	or commercial purposes, other than using the name	and address of any political	committee to so	licit contributions from such committee	
$\mathbb{N}$	NAME OF COMMITTEE (In Full)				
V	Friends of Connie Mack				
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: 61025.E3057	
А.	Hilton Naples & Towers			Date of Disbursement	
	Mailing Address 5111 Tamiami Trail, N.			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \end{array} \right) \left( \begin{array}{c} D \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ Y $	
		State Zip Code		Amount of Each Disbursement this Period	
		FL 34103-		195.04	
	Purpose of Disbursement TRAVEL - LODGING			Refund or Disposal of Excess	
	Candidate Name		Category/	Contributions Required Under	
			Туре	11 C.F.R. 400.53 [MEMO ITEM]	
	Office Sought: House Disburse	nent For: Primary General		MEMO: TRAVEL - LODGING	
	President	Other (specify)			
	State: District:				
	Full Name (Last, First, Middle Initial)		Transaction ID: 61025.E3062		
В.	Old Ebbitt Grill			Date of Disbursement $\begin{array}{c c} M & M \\ \hline 1 & 0 \\ \hline \end{array} / \begin{array}{c} D & D \\ \hline 1 & 0 \\ \hline \end{array} / \begin{array}{c} Y & Y & Y \\ \hline \end{array} Y \\ \hline \end{array} $	
	Mailing Address 675 15th Street, N.W.				
		State Zip Code		Amount of Each Disbursement this Period	
		DC 20005-		138.47	
	Purpose of Disbursement MEAL			Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser			[MEMO ITEM] MEMO: MEAL	
	Senate President	Primary General Other (specify) ▼			
	State: District:	Other (specify)			
	Full Name (Last, First, Middle Initial)			Transaction ID: 61025.E3072	
C.	Southwest Airlines			Date of Disbursement	
	Mailing Address P. O. Box 36647			$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 0 \end{pmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{pmatrix}$	
		State Zip Code TX 75234-		Amount of Each Disbursement this Period	
	Purpose of Disbursement TRAVEL		· · ·	112.30	
	Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburse	ment For:	Туре	[MEMO ITEM]	
	Senate President	Primary General Other (specify)		MEMO: TRAVEL	
	State: District:	(1) = 27 ♥			
s	UBTOTAL of Disbursements This Page (optional)		►	0.00	
	TOTAL This Period (last page this line number only)				
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S	CHEDULE B (FEC Form 3 )	Use seperate schedule(s)	-	NUMBER: PAGE 22/35
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	x 17 18 19a 19b
				20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)			
$\backslash$	Friends of Connie Mack			
Α.	Full Name (Last, First, Middle Initial) Cingular Wireless			Transaction ID: 61025.E3079 Date of Disbursement
	Mailing Address PO Box 31488			10 <sup>M</sup> /10 <sup>D</sup> /2006 <sup>Y</sup>
	Tampa	State Zip Code FL 33631-3488		Amount of Each Disbursement this Period
	Purpose of Disbursement CELL PHONE			184.23 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Senate President	ement For: Primary General Other (specify)		MEMO: CELL PHONE
	State: District: Full Name (Last, First, Middle Initial)			
В.				Transaction ID: 61025.E3059 Date of Disbursement
	Mailing Address PO Box 31488			$\begin{array}{c} \stackrel{M}{10} \stackrel{M}{0} \stackrel{M}{} ^{\prime} \stackrel{D}{10} \stackrel{D}{0} \stackrel{I}{} \stackrel{V}{2006} \stackrel{Y}{} \stackrel{Y}{2006} \stackrel{Y}{} \stackrel{Y}$
		State Zip Code FL 33631-3488		Amount of Each Disbursement this Period
	Purpose of Disbursement CELL PHONE			313.35 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) ▼		MEMO: CELL PHONE
	State: District:	_		
C.	Full Name (Last, First, Middle Initial) Cingular Wireless			Transaction ID: 61025.E3050 Date of Disbursement
	Mailing Address PO Box 31488			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ \end{array} \\ \end{array} \\ \end{array} \\ \left( \begin{array}{c} D \\ 1 \\ \end{array} \right) \\ \left( \begin{array}{c} D \\ 1 \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \\ \end{array} \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \\ \\ \end{array} \\ \\ \\ \\ \\ \end{array} \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \\ \\ \end{array} \\ \\ \\ \\ \\ \end{array} \\ \\ \\ \\ \\$
		StateZip CodeFL33631-3488		Amount of Each Disbursement this Period
	Purpose of Disbursement CELL PHONE			317.99 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		MEMO: CELL PHONE
				0.00
s	UBTOTAL of Disbursements This Page (optional) .		····· •	0.00
Т	<b>OTAL</b> This Period (last page this line number only)	)	►	

S	CHEDULE B (FEC Form 3 )	Use seperate schedule(s)		NUMBER: PAGE 23 / 35
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	yone) X 17 18 19a 19b
		Detailed Summary Page		20a 20b 20c 21
	/ Information copied from such Reports and Statem			
or t	or commercial purposes, other than using the name	e and address of any political	committee to so	
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Friends of Connie Mack			
×	Full Name (Last, First, Middle Initial)			Transaction ID: 61025.E3060
Α.	Cingular Wireless			Date of Disbursement
	Mailing Address PO Box 31488			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ \end{array} \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} 0 \end{array} \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} $
	,	State Zip Code FL 33631-3488		Amount of Each Disbursement this Period
	Purpose of Disbursement CELL PHONE			175.99 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: CELL PHONE
	State: District:			
В.	Full Name (Last, First, Middle Initial) Cingular Wireless			Transaction ID: 61025.E3049 Date of Disbursement
	Mailing Address PO Box 31488		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \end{array} \right) \left( \begin{array}{c} D \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ Y $	
		State Zip Code FL 33631-3488		Amount of Each Disbursement this Period
	Purpose of Disbursement CELL PHONE	· · · · ]	241.18 Refund or Disposal of Excess	
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: CELL PHONE
	State: District:			
C.	Full Name (Last, First, Middle Initial) Red Hot & Blue			Transaction ID: 61025.E3084 Date of Disbursement
	Mailing Address 1600 Wilson Blvd.			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \end{array} \right) \left( \begin{array}{c} D \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ Y $
		State Zip Code VA 22209-		Amount of Each Disbursement this Period
	Purpose of Disbursement MEALS			89.18 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: MEALS
s	JBTOTAL of Disbursements This Page (optional)		►	0.00
т	<b>DTAL</b> This Period (last page this line number only)		►	

SCHEDULE B (FEC Form 3)		Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 24/35
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X     17     18     19a     19b       20a     20b     20c     21
	Information copied from such Reports and Statem or commercial purposes, other than using the name			
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) Friends of Connie Mack			
Α.	Full Name (Last, First, Middle Initial) The UPS Store			Transaction ID: 61025.E3044 Date of Disbursement $10^{M-M}$ / $10^{D-D}$ / $2006^{V-Y-Y}$
	Mailing Address 5100 S. Cleveland Avenu	ie, #318		
	,	State Zip Code FL 33907-		Amount of Each Disbursement this Period
	Purpose of Disbursement POSTAGE Candidate Name		Category/ Type	50.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[MEMO ITEM] MEMO: POSTAGE
В.	Full Name (Last, First, Middle Initial) US Airways			Transaction ID: 61025.E3074 Date of Disbursement
	Mailing Address 7 Park Center			
	Pittsburgh	State Zip Code PA 15220-		Amount of Each Disbursement this Period 407.60
	Purpose of Disbursement TRAVEL Candidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: TRAVEL
C.	Full Name (Last, First, Middle Initial) US Airways			Transaction ID: 61025.E3047 Date of Disbursement
	Mailing Address 7 Park Center			$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 0 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
		State Zip Code PA 15220-		Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL			100.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: TRAVEL
q	JBTOTAL of Disbursements This Page (optional) .			0.00
	<b>DTAL</b> of Disbursements This Page (optional) .			
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S	CHEDULE B (FEC Form 3 )	Use seperate schedule(s)	-	NUMBER: PAGE 25/35
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X         17         18         19a         19b           20a         20b         20c         21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Friends of Connie Mack			
Α.	Full Name (Last, First, Middle Initial) US Airways			Transaction ID: 61025.E3054 Date of Disbursement
	Mailing Address 7 Park Center			10 10 2006
	,	State Zip Code PA 15220-		Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name		Category/ Type	Second Stress         Contributions Required Under         11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: TRAVEL
В.	Full Name (Last, First, Middle Initial) US Airways			Transaction ID: 61025.E3075 Date of Disbursement
	Mailing Address 7 Park Center			$\begin{array}{c} \begin{array}{c} M & M \\ 1 & 0 \end{array} & \begin{array}{c} \prime \\ \end{array} & \begin{array}{c} D & D \\ 1 & 0 \end{array} & \begin{array}{c} \prime \\ \end{array} & \begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{array} \end{array}$
	Pittsburgh	State Zip Code PA 15220-		Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL Candidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) ▼	<u> </u>	[MEMO ITEM] MEMO: TRAVEL
	State: District:			
C.	Full Name (Last, First, Middle Initial) US Airways			Transaction ID: 61025.E3053 Date of Disbursement
	Mailing Address 7 Park Center			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ \end{array} \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} 0 \end{array} \end{array} \begin{array}{c} 0 \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} Y \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} $
		State Zip Code PA 15220-		Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL			974.90 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: TRAVEL
•	UBTOTAL of Disbursements This Page (optional) .			0.00
	OTAL This Period (last page this line number only)			
<u> </u>			····· •	

	IZED DISB	FEC Form 3 URSEMEN <sup>-</sup>	TS for each	perate schedule(s) a category of the I Summary Page	(check only	NUMBER:     PAGE     26 / 35       y one)     17     18     19a     19b       20a     20b     20c     21
						for the purpose of solicating contributions licit contributions from such committee
<u>۱</u>	ME OF COMMITT ands of Connie	, ,				
	Name (Last, First Airways	, Middle Initial)				Transaction ID: 61025.E3052 Date of Disbursement
Maili	ing Address 7	' Park Center				10 <sup>M</sup> /10 <sup>I</sup> /2006 <sup>Y</sup>
City Pitts	sburgh		State PA	Zip Code 15220-		Amount of Each Disbursement this Period
TRĂ	oose of Disbursen AVEL didate Name	nent			Category/ Type	845.20 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Offic	e: Dis	House Senate President strict:	Disbursement For: Primary Other (sp	General Decify)		[MEMO ITEM] MEMO: TRAVEL
	Name (Last, First Airways	, Middle Initial)				Transaction ID: 61025.E3051 Date of Disbursement
Maili	ing Address 7	' Park Center				
	sburgh		State PA	Zip Code 15220-		Amount of Each Disbursement this Period 5.00
TRĂ	oose of Disbursen AVEL didate Name	nent			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Offic	e: Dis	House Senate President strict:	Disbursement For: Primary Other (sp	General General €		[MEMO ITEM] MEMO: TRAVEL
	Name (Last, First					Transaction ID: 61025.E3046 Date of Disbursement
Maili	ing Address 1	050 Connectic	ut Ave, NW			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \end{array} \right) \left( \begin{array}{c} D \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} D \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 0 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ Y $
City Was	shington		State DC	Zip Code 20035-5303		Amount of Each Disbursement this Period
POS	oose of Disbursen	nent			Category/	49.14 Refund or Disposal of Excess
	Candidate Name					Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Offic	ce Sought:	House Senate President strict:	Disbursement For: Primary Other (sp	General General		MEMO: POSTAGE
			(optional)		►	0.00

SCHEDULE B (FEC Form 3)		Use seperate schedule(s)	-	NUMBER: PAGE 27/35			
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b			
				20a 20b 20c 21			
	y Information copied from such Reports and Statem or commercial purposes, other than using the name						
	NAME OF COMMITTEE (In Full)						
Z	Friends of Connie Mack						
Α.	Full Name (Last, First, Middle Initial) USPS			Transaction ID: 61025.E3058 Date of Disbursement			
	Mailing Address 1050 Connecticut Ave, N	N		$\begin{array}{c} \begin{array}{c} M & 0 \\ 1 & 0 \end{array} & \begin{array}{c} \prime \\ \end{array} & \begin{array}{c} D & D \\ 1 & 0 \end{array} & \begin{array}{c} \prime \\ \end{array} & \begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \\ \end{array} & \begin{array}{c} Y \\ \end{array} & \begin{array}{c} Y \\ Y \end{array} \\ \end{array}$			
	,	StateZip CodeDC20035-5303		Amount of Each Disbursement this Period			
	Purpose of Disbursement POSTAGE			78.00 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburse Senate President	ment For: Primary    General Other (specify) ▼		MEMO: POSTAGE			
	State: District: Full Name (Last, First, Middle Initial)						
В.	USPS			Transaction ID: 61025.E3045 Date of Disbursement			
	Mailing Address 1050 Connecticut Ave, N	$\begin{array}{c} \begin{array}{c} M & M \\ 1 & 0 \end{array} & \begin{array}{c} \prime \\ \end{array} & \begin{array}{c} D & D \\ 1 & 0 \end{array} & \begin{array}{c} \prime \\ \end{array} & \begin{array}{c} Y & Y \\ 2 & 0 & 0 \\ \end{array} & \begin{array}{c} Y \\ \end{array} & \begin{array}{c} Y \\ Y \end{array} \\ \end{array} $					
	,	State Zip Code DC 20035-5303		Amount of Each Disbursement this Period			
	Purpose of Disbursement POSTAGE		35.10 Refund or Disposal of Excess				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		MEMO: POSTAGE			
	State: District:						
C.	Full Name (Last, First, Middle Initial) Fox and Hound			Transaction ID: 61025.E3083 Date of Disbursement			
	Mailing Address			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ \end{array} \\ \end{array} \\ \begin{array}{c} 0 \\ \end{array} \\ \end{array} \\ \begin{array}{c} \prime \\ \end{array} \\ \begin{array}{c} D \\ 1 \\ \end{array} \\ \begin{array}{c} D \\ 1 \\ \end{array} \\ \begin{array}{c} 0 \\ \end{array} \\ \end{array} \\ \begin{array}{c} \gamma \\ \end{array} \\ \begin{array}{c} Y \\ \end{array} \\ \begin{array}{c} Y \\ 2 \\ \end{array} \\ \begin{array}{c} Y \\ 0 \\ \end{array} \\ \begin{array}{c} Y \\ \end{array} \\ \end{array} \\ \begin{array}{c} Y \\ \end{array} \\ \begin{array}{c} Y \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} Y \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} Y \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} Y \\ \end{array} \\$			
	City	State Zip Code		Amount of Each Disbursement this Period			
	Purpose of Disbursement MEALS		Refund or Disposal of Excess				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		MEMO: MEALS			
	JBTOTAL of Disbursements This Page (optional)			0.00			
Т	<b>DTAL</b> This Period (last page this line number only)		►				

	CHEDULE B (FEC Form 3 )	Use seperate schedule(s)	-	NUMBER: PAGE 28/35
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
<u>,</u>	NAME OF COMMITTEE (In Full)			
$\mathbb{Z}$	Friends of Connie Mack			
Α.	Full Name (Last, First, Middle Initial) SonyStyle Pentagon			Transaction ID: 61025.E3086 Date of Disbursement
	Mailing Address 1100 So Hayes Street			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ \end{array} \\ \end{array} \\ \end{array} \\ \left( \begin{array}{c} D \\ 1 \\ \end{array} \right) \\ \left( \begin{array}{c} D \\ 1 \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \left( \begin{array}{c} Y \end{array} \right) \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \left( \begin{array}{c} Y \end{array} \\ \\ \\ \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \\ \\ \left( Y \end{array} \\ \\ \\ \\ \\ \end{array} \\ \left( Y \\ \end{array} \\ \\ \\ \\ \\ \\ \\ \end{array} \\ \\ \\ \left( Y \\ \end{array} \\ \\ \\ \\ \\ \\ \end{array} \right) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \end{array} \\ \\ \\ \\ \\ \\ $
		State Zip Code VA 22202-		Amount of Each Disbursement this Period
	Purpose of Disbursement OFFICE EQUIPMENT			2572.49 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Senate President	ement For: Primary General Other (specify) ▼		MEMO: OFFICE EQUIPMENT
	State: District: Full Name (Last, First, Middle Initial)			
В.	Thaipoon Thai Restaurant			Transaction ID: 61025.E3065 Date of Disbursement
	Mailing Address 1301 South Joyce St		$10^{M} 10^{M} / 10^{D} / 2006^{Y}$	
		State Zip Code VA 22202-		Amount of Each Disbursement this Period
	Purpose of Disbursement MEALS		Refund or Disposal of Excess	
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: MEALS
	State: District:			
C.	Full Name (Last, First, Middle Initial) Thaipoon Thai Restaurant			Transaction ID: 61025.E3066 Date of Disbursement
	Mailing Address 1301 South Joyce St		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ \end{array} \\ \end{array} \\ \end{array} \\ \left( \begin{array}{c} D \\ 1 \\ \end{array} \right) \\ \left( \begin{array}{c} D \\ 1 \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \left( \begin{array}{c} Y \\ \end{array} \right) \\ \\ \left( \begin{array}{c} Y \\ \end{array} \\ \\ \\ \left( Y \\ \end{array} \\ \\ \\ \left( Y \\ \end{array} \right) \\ \\ \left( Y \\ \end{array} \\ \\ \\ \left( Y \\ \end{array} \\ \\ \\ \left( Y \\ \end{array} \right) \\ \\ \left( Y \\ \\ \\ \\ \\ \\ \\ \end{array} \\ \\ \left( Y$	
		State Zip Code VA 22202-		Amount of Each Disbursement this Period
	Purpose of Disbursement MEALS			58.89 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Disburse Senate President State: District:	Primary General Other (specify)		MEMO: MEALS
				0.00
s	<b>UBTOTAL</b> of Disbursements This Page (optional)		····· ►	0.00
Т	<b>OTAL</b> This Period (last page this line number only)		►	

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 29 / 35			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X         17         18         19a         19b           20a         20b         20c         21			
Any Information copied from such Reports and State or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)           Friends of Connie Mack						
Full Name (Last, First, Middle Initial) <b>A.</b> Capital Grille			Transaction ID: 61025.E3068 Date of Disbursement			
Mailing Address 601 Pennsylvania Ave N	1W		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \end{array} \right) \left( \begin{array}{c} D \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} D \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ Y $			
City Washington	State Zip Code DC 20004-2601		Amount of Each Disbursement this Period			
Purpose of Disbursement MEALS Candidate Name		Category/ Type	11.90 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
Office Sought: House Disburs Senate President State: District:	eement For: Primary General Other (specify) ▼	Туре	[MEMO ITEM] MEMO: MEALS			
Full Name (Last, First, Middle Initial) B. United Airlines			Transaction ID: 61025.E3056 Date of Disbursement			
Mailing Address multiple locations	Mailing Address multiple locations					
City	State Zip Code					
Purpose of Disbursement TRAVEL	200.00 Refund or Disposal of Excess Contributions Required Under					
Candidate Name	Candidate Name Category/ Type					
Office Sought: House Disburs Senate President	eement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: TRAVEL			
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: 61025.E3023			
C. Bittersweet Catering			Date of Disbursement			
Mailing Address 103 North Alfred Street			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \end{array} \right) \left( \begin{array}{c} D \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 1 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0$			
City Alexandria	State Zip Code VA 22314-		Amount of Each Disbursement this Period			
Purpose of Disbursement CATERING FOR FUNDRAISING EVENT			346.75 Refund or Disposal of Excess			
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		CATERING FOR FUNDRAISING EVENT			
			346.75			
SUBTOTAL of Disbursements This Page (optional)	)	<b>&gt;</b>	540.75			
TOTAL This Period (last page this line number only	/)	►				

S	CHEDULE B (FEC Form 3 )	Use seperate schedule(s) FOR LINE				
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X         17         18         19a         19b           20a         20b         20c         21			
	y Information copied from such Reports and Stateme or commercial purposes, other than using the name					
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) Friends of Connie Mack					
Α.	Full Name (Last, First, Middle Initial) Arent Fox PLLC		Transaction ID: 61025.E3030 Date of Disbursement			
	Mailing Address 1050 Connecticut Ave NV	V	$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \end{array} \begin{pmatrix} D \\ 1 \\ 0 \end{array} \begin{pmatrix} D \\ 1 \\ 0 \end{array} \begin{pmatrix} D \\ 1 \\ 0 \end{array} \begin{pmatrix} Y \\ 2 \\ 0 \\ 0 \\ 6 \\ \end{array} \begin{pmatrix} Y \\ 2 \\ 0 \\ 0 \\ 6 \\ \end{array} \begin{pmatrix} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \\ \end{array} \begin{pmatrix} Y \\ Y$			
	,	State Zip Code DC 20036-5308	Amount of Each Disbursement this Period			
	Purpose of Disbursement ACCOUNTING AND LEGAL SERVICES Candidate Name	Category/	5055.20 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser Senate President State: District:	Type ment For: Primary General Other (specify) ▼	ACCOUNTING AND LEGAL SERV- ICES			
В.	Full Name (Last, First, Middle Initial) Cingular Wireless		Transaction ID: 61025.E3032 Date of Disbursement			
	Mailing Address PO Box 31488		$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \end{array} \right) \left( \begin{array}{c} D \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ Y \\ 1 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0$			
		State Zip Code FL 33631-3488	Amount of Each Disbursement this Period 876.35			
	CELL PHONE Candidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼	CELL PHONE			
	State:     District:       Full Name (Last, First, Middle Initial)		Transaction ID: 61025.E3024			
C.	FedEx		Date of Disbursement			
	Mailing Address P. O. Box 1140		$10^{M} 10^{M} 10^{D} 10^{D} 10^{V} 2006^{V}$			
		State Zip Code TN 38101-	Amount of Each Disbursement this Period			
	Purpose of Disbursement DELIVERY		30.96 Refund or Disposal of Excess			
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) <b>V</b>	DELIVERY			
9	UBTOTAL of Disbursements This Page (optional)		5962.51			

SCHEDULE B (FEC Form 3 )		Use seperate schedule(s)		NUMBER: PAGE 31/35
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page	(check only	x 17 18 19a 19b
		Detailed Summary Page		20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)	and address of any political		
$\rangle$	Friends of Connie Mack			
Α.	Full Name (Last, First, Middle Initial) SCM Associates, Inc.			Transaction ID: 61025.E3031 Date of Disbursement
	Mailing Address 10 Main Street			$\begin{array}{c} \begin{array}{c} M & M \\ 1 & 0 \end{array} & \begin{array}{c} \prime \\ \end{array} & \begin{array}{c} D & D \\ 1 & 0 \end{array} & \begin{array}{c} \prime \\ \end{array} & \begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{array} \end{array}$
	,	State Zip Code NH 03452-		Amount of Each Disbursement this Period
	Purpose of Disbursement TELEMARKETING AND DIRECTMAIL		· · · · · · · · · · · · · · · · · · ·	9251.60
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		TELEMARKETING AND DIRECTM- AIL
	Full Name (Last, First, Middle Initial)			Transaction ID: 61025.E3028
В.				Date of Disbursement
	Mailing Address P.O. Box 740602		$\begin{array}{c} \begin{array}{c} M & M \\ 1 & 0 \end{array} & \begin{array}{c} \prime \\ \end{array} & \begin{array}{c} D & D \\ 1 & 0 \end{array} & \begin{array}{c} \prime \\ \end{array} & \begin{array}{c} Y \\ 2 & 0 & 0 \\ \end{array} & \begin{array}{c} Y \\ 2 \\ \end{array} & \begin{array}{c} Y \\ 2 \\ \end{array} & \begin{array}{c} Y \\ Y \\ \end{array} & \begin{array}{c} Y \\ Y \\ Y \\ \end{array} & \begin{array}{c} Y \\ Y $	
	,	State Zip Code OH 45274-		Amount of Each Disbursement this Period
	Purpose of Disbursement TELEPHONE		Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		TELEPHONE
	State: District:			
C.	Full Name (Last, First, Middle Initial) Stone Group, LLC			Transaction ID: 61025.E3033 Date of Disbursement
	Mailing Address 5701 Bayview Drive			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \end{array} \left( \begin{array}{c} D \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ Y $
		State Zip Code FL 33308-		Amount of Each Disbursement this Period
	Purpose of Disbursement CAMPAIGN CONSULTING/FUNDRAISING			5000.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) <b>V</b>		CAMPAIGN CONSULTING/FUNDR- AISING
				14400.88
	UBTOTAL of Disbursements This Page (optional) .			14400.00
T	<b>OTAL</b> This Period (last page this line number only)		►	

S	CHEDULE B (FEC Form 3 )	Use seperate schedule(s)		NUMBER: PAGE 32/35
IT	EMIZED DISBURSEMENTS	for each category of the	(check only	y one) X 17 18 19a 19b
		Detailed Summary Page		100 - 100 - 190
	y Information copied from such Reports and Statem			
or	or commercial purposes, other than using the name	and address of any political	committee to so	nicit contributions from such committee
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Friends of Connie Mack			
<u> </u>	Full Name (Last, First, Middle Initial)			Transaction ID: 61025.E3040
Α.	SunTrust Credit Card			Date of Disbursement
	Mailing Address PO Box 791250			10 <sup>M</sup> /10 <sup>D</sup> /2006 <sup>Y</sup>
	,	State Zip Code MD 21279-1250		Amount of Each Disbursement this Period
	Purpose of Disbursement	21279-1230		435.00
	CREDIT CARD: SEE BELOW			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		CREDIT CARD: SEE BELOW
	State: District:			
в.	Full Name (Last, First, Middle Initial) Bonita Springs Self Storage			Transaction ID: 61025.E3039 Date of Disbursement
	Mailing Address 8953 Terrene Court		$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 0 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$	
	City		Amount of Each Disbursement this Period	
		State Zip Code FL 34135-		
	Purpose of Disbursement	· · · · · · · · · · · · · · · · · · ·	Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO:
	State: District:			
C.	Full Name (Last, First, Middle Initial) Cingular Wireless			Transaction ID: 61025.E3041 Date of Disbursement
	Mailing Address PO Box 31488			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 0 \end{array} \end{array} \right) \left( \begin{array}{c} D \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ 1 \\ 0 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left( \begin{array}{c} Y \\ Y $
		State Zip Code FL 33631-3488		Amount of Each Disbursement this Period
	Purpose of Disbursement CELL PHONE			150.79 Refund or Disposal of Excess
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: CELL PHONE
_				435.00
s	<b>UBTOTAL</b> of Disbursements This Page (optional)		<b>&gt;</b>	433.00
т	OTAL This Period (last page this line number only)		►	

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ITEMIZED DISBURSEMENTS for			Use seperate schedule(s)			FOR LINE (check onl	NUMBER:	PAGE 33 / 35				
				for each category of the Detailed Summary Page		[	X 17	18 20b	19a		19b 21	
	y Information copied from such Reports for commercial purposes, other than us						butions					
$\sum$	NAME OF COMMITTEE (In Full)											
Ľ	Friends of Connie Mack											
	Full Name (Last, First, Middle Initial)							Transaction ID: 61025.E3042				
Α.	Verizon Wireless						Date of Disbursement					
	Mailing Address 131 North Court House Rd										0 0 6 Y	
	City Arlington		State VA	Zip Code 22201-		Amount	t this Period					
	Purpose of Disbursement CELL PHONE					0 0	Refu	nd or Dis	sposal o	fExc	126.27 ess	
	Candidate Name					ategory/ Type	Contributions Required Und 11 C.F.R. 400.53			der		
	Office Sought: House Senate President	Disburse	ment For: Primary Other (sp	General			MEMO:					
	State: District:											

1		
SUBTOTAL of Disbursements This Page (optional)	►	0.00
TOTAL This Period (last page this line number only)	•	90543.10
FEC Schedule B (Form 3 ) Rev. 02/2003		

SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS	Ose seperate schedule(s) for each category of the Detailed Summary Page	17     18     19a     19b       20a     20b     20c     X     21       for the purpose of solicating contributions	
NAME OF COMMITTEE (In Full) Friends of Connie Mack			
Full Name (Last, First, Middle Initial)         A.         Reynolds For Congress         Mailing Address       PO Box 15388	Transaction ID: $61025.E3035$ Date of Disbursement $10^{M}$ / $10^{D}$ / $2006^{Y}$		
	State Zip Code NY 14615- Category/ Type	Amount of Each Disbursement this Period 2100.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disburser Senate President State: District:	nent For: 2006 Primary X General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	•	2100.00
TOTAL This Period (last page this line number only)	►	2100.00
FEC Schedule B (Form 3 ) Rev. 02/2003		

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SCHEDULE B (FEC Form 3)		Use seperate schedule(s)		FOR LINE (check on	NUMBER:	PAGE 35/35		
IT	EMIZED DISBURSE			for each category of the			19a 🗍 19b	
			Detailed Summary Page			x 20a 20b	20c 21	
An	v Information copied from such I	Reports and Statem	lents mav n	ot be sold or use	d by any person	<u> </u>		
	Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee							
$\nabla$	NAME OF COMMITTEE (In Fu							
$ \rangle$	Friends of Connie Mack	,						
$\mathbb{Z}$								
	Full Name (Last, First, Middle Initial)					Transaction ID: 61025.E3036 Date of Disbursement		
Α.	George Zaczac							
	Mailing Address 777 NNA	70.14						
	Mailing Address 777 NW 72nd Ave							
	City S		itate Zip Code		Amount of Each Disbursement this Period			
		FL 33126-3004						
Purpose of Disbursement					U U		2000.00	
	Refund of Contribution refund of contrib			010		Refund or Disposal of Excess		
	Candidate Name			Category/ Type	Contributions Re 11 C.F.R. 400.53			
							)	
	Office Sought: House	Disburse	ment For:	2006				
	Senate		Primary	X General				
	State: District:		Other (spe	ecity) 🔻				

	· · · · · · ·	2000.00
SUBTOTAL of Disbursements This Page (optional)		2000.00
TOTAL This Period (last page this line number only)		2000.00
FFC Schedule B (Form 2 ) Day 02/2002		