



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Friends of Connie Mack

Report Covering the Period:

From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	201381.00	206441.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	201381.00	206441.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	134041.79	196784.79
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	134041.79	196784.79
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>273433.90</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
Friends of Connie Mack

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

**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).....

144400.00

146625.00

(ii) Unitemized.....

9481.00

11316.00

(iii) TOTAL of contributions

153881.00

157941.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

47500.00

48500.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

201381.00

206441.00

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

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

0.00

0.00

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

0.00

0.00

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

201381.00

206441.00

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	134041.79	196784.79
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	2100.00	2100.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	136141.79	198884.79

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	208194.69
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	201381.00
25. SUBTOTAL (add Line 23 and Line 24).....	409575.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	136141.79
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	273433.90

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 / 114
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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.** Aircraft Owners & Pilots Assn. PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 601 Pennsylvania Ave., NW  
Suite 875, South Bldg

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2007

**Transaction ID:** 70404.C16905

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.** American Council of Engineering PAC

Full Name (Last, First, Middle Initial)  
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 ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2007

**Transaction ID:** 70404.C16911

Amount of Each Receipt this Period  
1000.00

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

**C.** American Optometric Association PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 1505 Prince St Ste 300

City Alexandria State VA Zip Code 22314-2874

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 23 / 2007

**Transaction ID:** 70404.C16750

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) ..... ▶ **6000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 114
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
Arent Fox Civic Participation Fund

Mailing Address 1050 Connecticut Avenue, N.W.

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00241380

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2007

**Transaction ID:** 70404.C16898

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)  
Associated Builders & Contractors CCE

Mailing Address P. O. Box 10038

City Tallahassee State FL Zip Code 32302

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

Name of Employer Occupation  
n/a political committee

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 19 / 2007

**Transaction ID:** 70404.C16912

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
AT & T Inc Federal PAC

Mailing Address 175 E Houston St # 7-A-50  
Attn: Jonathan P. Klug

City San Antonio State TX Zip Code 78205-2255

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2007

**Transaction ID:** 70404.C16919

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) ..... ► **6000.00**

**TOTAL** This Period (last page this line number 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 / 114
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
CH2M Hill Companies, Ltd. PAC

Mailing Address 9191 S. Jamaica Street

City State Zip Code  
Englewood CO 80112

FEC ID number of contributing federal political committee. **C** C00143305

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 0 7

Transaction ID: 70404.C16839

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)  
Credit Union Legislative Action Council

Mailing Address 601 Pennsylvania Ave., N.W., #600

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 0 7

Transaction ID: 70404.C16831

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Crowley Maritime Corporation Federal PAC

Mailing Address 575 7th St NW

City State Zip Code  
Washington DC 20004-1607

FEC ID number of contributing federal political committee. **C** C00147231

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Primary

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 7

Transaction ID: 70404.C16914

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) ..... ► **4000.00**

**TOTAL** This Period (last page this line number 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 / 114
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
Darden Rest., Inc. Emp. Good Govt. Fund

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

City State Zip Code  
Orlando FL 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 ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 05 / 2007

**Transaction ID:** 70404.C16747

Amount of Each Receipt this Period  
5000.00

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

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

Mailing Address 801 Pennsylvania Ave NW Ste 220  
Suite 220

City State Zip Code  
Washington DC 20004-2615

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 20 / 2007

**Transaction ID:** 70404.C16868

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Florida Sugar Cane League PAC

Mailing Address 1301 Pennsylvania Avenue, N.W., #4

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00012328

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2007

**Transaction ID:** 70404.C16910

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	8500.00
<b>TOTAL</b> This Period (last page this line number 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 / 114
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)  
Florida Transportation Builders Assn PAC

Mailing Address 1007 DeSoto Park Drive  
Suite 200

City State Zip Code  
Tallahassee FL 32301

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 5 / 2 0 0 7

Transaction ID: 70404.C16838

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)  
HSBC North America PAC

Mailing Address 1401 Eye Street, NW  
Suite 520

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 7

Transaction ID: 70404.C16909

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 655 15th Street, NW  
Suite 445

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 7

Transaction ID: 70404.C16740

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 114  
(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)  
National Beer Wholesalers Asso. PAC

Mailing Address 1100 King Street, Suite 600

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 19 / 2007

**Transaction ID:** 70404.C16906

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)  
Nuclear Energy Institute Federal PAC

Mailing Address 1776 Eye Street, NW  
4th Floor

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 02 / 2007

**Transaction ID:** 70404.C16754

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Outback Steakhouse PAC

Mailing Address 2202 N. Westshore Blvd., FL 5

City State Zip Code  
Tampa FL 33607

FEC ID number of contributing federal political committee. **C** C00253153

Name of Employer Occupation  
Outback Steakhouse, Inc. govt. relations

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 29 / 2007

**Transaction ID:** 70404.C16917

Amount of Each Receipt this Period  
5000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **8500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 114
	<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)  
Outdoor Advertising of America

Mailing Address 1850 M Street, NW  
Suite 1040

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 7

Transaction ID: 70226.C16559

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)  
Progress Energy Emp. Fed. PAC

Mailing Address 801 Pennsylvania Ave, NW  
Suite 250

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00091884

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 0 7

Transaction ID: 70404.C16870

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Qwest Communications PAC

Mailing Address 607 14th Street, N.W., #950

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00237156

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 7

Transaction ID: 70404.C16921

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 114
	(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)  
RJR Political Action Committee

Mailing Address P. O. Box 718

City State Zip Code  
Winston-Salem NC 27102

FEC ID number of contributing federal political committee. **C** C00042002

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2007

Transaction ID: 70404.C16869

Amount of Each Receipt this Period  
1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
United Parcel Service PAC

Mailing Address 316 Pennsylvania Avenue, SE  
Suite 300

City State Zip Code  
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2007

Transaction ID: 70404.C16920

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	47500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 114
	<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)  
MRS. John Alexander

Mailing Address 327 Sunset Road

City State Zip Code  
Frostproof FL 33843

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2007

Transaction ID: 70404.C16837

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)  
MR. Darryl Allen

Mailing Address P.O. Box 1206

City State Zip Code  
Boca Grande FL 33921

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

Name of Employer retired Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 06 / 2007

Transaction ID: 70226.C16573

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. C. Michael Armstrong

Mailing Address 1683 Galleon Dr

City State Zip Code  
Naples FL 34102-7717

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2007

Transaction ID: 70404.C16757

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 114
	<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)  
MRS. Maureen Arnold

Mailing Address 14101 River Road

City State Zip Code  
Fort Myers FL 33905

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

Name of Employer Occupation  
Homemaker Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2007

Transaction ID: 70404.C16805

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Robert Assaf

Mailing Address 15860 Sawpit Road

City State Zip Code  
Jacksonville FL 32226

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

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

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2007

Transaction ID: 70226.C16726

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Gary Aubuchon

Mailing Address 2381 Coral Point Drive

City State Zip Code  
Cape Coral FL 33990

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

Name of Employer Occupation  
Aubuchon Homes builder

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2007

Transaction ID: 70404.C16784

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 114
	<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)  
MS. Beverly Austin

Mailing Address 4617 San Miguel

City Tampa State FL Zip Code 33629

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

Name of Employer Homemaker Occupation homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 0 8 / 2 0 0 7

Transaction ID: 70226.C16576

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MRS. Mary Bahn

Mailing Address 5075 Joewood Drive

City Sanibel State FL Zip Code 33957

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16813

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Sam Bailey

Mailing Address 2589 West Gulf Drive

City Sanibel State FL Zip Code 33957

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

Name of Employer Bailey General Store Occupation Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16817

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 114
	<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)  
MR. Elliot Baines

Mailing Address 360 Indian Harbor Road

City State Zip Code  
Vero Beach FL 32963

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

Name of Employer Occupation  
retired retired

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 7

**Transaction ID:** 70131.C16513

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. C. Scott Barnhart

Mailing Address 1200 Stetson Street

City State Zip Code  
Orlando FL 32804

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

Name of Employer Occupation  
Jenkins Hill Group LLC consultant

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 7

**Transaction ID:** 70404.C16865

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)  
MR. Carl Barraco

Mailing Address 2271 McGregor Blvd.

City State Zip Code  
Fort Myers FL 33901

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

Name of Employer Occupation  
Barraco & Associates, Inc. owner

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 2 / 2 0 0 7

**Transaction ID:** 70404.C16801

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 114
	<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)  
MR. Doyle Bartlett

Mailing Address 609 Oakley Place

City State Zip Code  
Alexandria VA 22302

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

Name of Employer  
Bartlett & Bendall, LLC

Occupation  
lobbyist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2007

Transaction ID: 70404.C16918

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)  
MR. David Barton

Mailing Address 5718 Driftwood Parkway

City State Zip Code  
Cape Coral FL 33904

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

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 22 / 2007

Transaction ID: 70404.C16781

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)  
MR. William Barton

Mailing Address 755 Pine Court

City State Zip Code  
Naples FL 34102

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

Name of Employer  
retired

Occupation  
retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 05 / 2007

Transaction ID: 70226.C16605

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 114
	<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)  
MR. A.I. Bateman

Mailing Address 2245 Venetian Court, #4

City State Zip Code  
Naples FL 34109

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

Name of Employer  
Self Employed

Occupation  
real estate

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 6 / 2 0 0 7

Transaction ID: 70404.C16780

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. George Beasley

Mailing Address 9040 Charlee Street

City State Zip Code  
Lake Worth FL 33467

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

Name of Employer  
Enterprise Security, Inc.

Occupation  
security

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16926

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)  
Samira Beckwith

Mailing Address 17080 Harbour Point, #1212

City State Zip Code  
Fort Myers FL 33908

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

Name of Employer  
Hope Hospice Care

Occupation  
President/ CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 9 / 2 0 0 7

Transaction ID: 70226.C16698

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 114
	<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)  
Mr. G. Nicholas Beckwith III

Mailing Address 1 Little Ln

City Pittsburgh State PA Zip Code 15215-1552

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

Name of Employer Arch Street Management Occupation chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 12 / 2007

Transaction ID: 70226.C16712

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)  
MR. Peter Bergsten

Mailing Address P. O. Box 640

City Bokeelia State FL Zip Code 33922

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

Name of Employer retired Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
01 / 28 / 2007

Transaction ID: 70226.C16629

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Gary Bickel

Mailing Address 27588 Bayview Drive, S.W.

City Bonita Springs State FL Zip Code 34134

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

Name of Employer retired Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2007

Transaction ID: 70404.C16778

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) ..... ► 1700.00

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

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

Use separate schedule(s) or 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
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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
MR. T. Eugene Blanchard

Mailing Address 2509 Augusta Drive

City State Zip Code  
Naples FL 34109

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

Name of Employer Occupation  
retired retired

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

200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 7

**Transaction ID:** 70131.C16548

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Richard Bolen

Mailing Address 616 Putter Point Place

City State Zip Code  
Naples FL 34103

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

Name of Employer Occupation  
Downing & Frye Realty, Inc. realtor

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 8 / 2 0 0 7

**Transaction ID:** 70404.C16859

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)  
MRS. Carrie Brancheau

Mailing Address 4488 Brynwood Drive

City State Zip Code  
Naples FL 34119

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

Name of Employer Occupation  
Information Requested Information Requested

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 2 / 2 0 0 7

**Transaction ID:** 70404.C16826

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 114
	<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)  
MR. Thomas J Brancheau

Mailing Address 4488 Brynwood Dr

City State Zip Code  
Naples FL 34119-8413

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

Name of Employer Occupation  
Pizza Hut and Taco Bell owner  
Franci

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2007

Transaction ID: 70404.C16827

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)  
MR. John Brogan

Mailing Address 400 N Flagler Dr Apt 1906

City State Zip Code  
West Palm Beach FL 33401-4316

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

Name of Employer Occupation  
retired retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
01 / 04 / 2007

Transaction ID: 70131.C16455

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. John Brogan

Mailing Address 400 N Flagler Dr Apt 1906

City State Zip Code  
West Palm Beach FL 33401-4316

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

Name of Employer Occupation  
retired retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
850.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Transaction ID: 70404.C16879

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 114
	<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)  
DR. Robert Brueck

Mailing Address 3700 Central Avenue

City State Zip Code  
Fort Myers FL 33901

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

Name of Employer self-employed Occupation  
physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 4 / 2 0 0 7

Transaction ID: 70226.C16674

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
DR. Robert Brueck

Mailing Address 3700 Central Avenue

City State Zip Code  
Fort Myers FL 33901

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

Name of Employer self-employed Occupation  
physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16824

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Charles Carlan

Mailing Address 3420 Oakmont Drive

City State Zip Code  
Pensacola FL 32503

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

Name of Employer Hatch Mott MacDonald Occupation  
engineer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 0 7

Transaction ID: 70131.C16522

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 114
	<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)  
MS. Alice Carlson

Mailing Address 2730 Leeward Lane

City State Zip Code  
Naples FL 34103

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

Name of Employer  
AJC Associates, Inc.

Occupation  
president

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 2 / 2 0 0 7

Transaction ID: 70226.C16578

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MS. Sabra Ann Cecil

Mailing Address 27290 River Royale Court

City State Zip Code  
Bonita Springs FL 34135

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

Name of Employer  
Bonita Bay Group

Occupation  
vice president

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 1 / 2 0 0 7

Transaction ID: 70404.C16793

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Duane Chamberlain

Mailing Address 215 Manatee Street

City State Zip Code  
Fort Myers FL 33913

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

Name of Employer  
All Ways Electric

Occupation  
electrical contractor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 5 / 2 0 0 7

Transaction ID: 70404.C16786

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 114
	<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)  
MR. Malcom Chancey

Mailing Address 4951 Gulfshore Blvd N.

City State Zip Code  
Naples FL 34103

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

Name of Employer retired Occupation Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2007

Transaction ID: 70226.C16670

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. William Citarella

Mailing Address PO Box 110673

City State Zip Code  
Naples FL 34108

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

Name of Employer Premier Mortgage Occupation Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2007

Transaction ID: 70404.C16752

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. David Coffin

Mailing Address 4305 Cutlass Lane

City State Zip Code  
Naples FL 34102

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

Name of Employer retired Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 12 / 2007

Transaction ID: 70226.C16577

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) ..... ► 2500.00

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 114
	<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)  
MR. Barron Collier

Mailing Address 2600 Golden Gate Parkway

City State Zip Code  
Naples FL 34105

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

Name of Employer Barron Collier Occupation chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2007

Transaction ID: 70404.C16832

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Barron Collier, III

Mailing Address 2600 Golden Gate Pkwy.

City State Zip Code  
Naples FL 34105

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

Name of Employer Barron Collier Co. Occupation general partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2007

Transaction ID: 70404.C16773

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Barron Collier, III

Mailing Address 2600 Golden Gate Pkwy.

City State Zip Code  
Naples FL 34105

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

Name of Employer Barron Collier Co. Occupation general partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2007

Transaction ID: 70404.C16772

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 114
	<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)  
MR. Miles Collier

Mailing Address 2600 Golden Gate Parkway

City State Zip Code  
Naples FL 34105

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

Name of Employer retired  
Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2007

Transaction ID: 70404.C16833

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Jerry Colton

Mailing Address 5698 Shaddelee Lane, W

City State Zip Code  
Fort Myers FL 33919

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

Name of Employer Harborside Homes  
Occupation c.e.o.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
01 / 04 / 2007

Transaction ID: 70131.C16463

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Joe Cox

Mailing Address 1185 Immokalee Road Suite 110

City State Zip Code  
Naples FL 34110

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

Name of Employer Cox and Nici  
Occupation attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2007

Transaction ID: 70226.C16702

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) ..... ► **1700.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 114  
(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)  
MR. Edward Crane

Mailing Address 5000 Royal Marco Way #732

City State Zip Code  
Marco Island FL 34145

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
retired retired

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 07 / 2007

**Transaction ID:** 70404.C16897

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MRS. Michelle Daenzer-Sapp

Mailing Address 3602 Kent Drive

City State Zip Code  
Naples FL 34112

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Francesco Molal sales manager

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 15 / 2007

**Transaction ID:** 70404.C16861

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Daniel Dannenhauer

Mailing Address 3977 Woodlake Dr

City State Zip Code  
Bonita Springs FL 34134-8610

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Five County Ins. Agency, Inc. insurance

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 11 / 2007

**Transaction ID:** 70226.C16575

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) ..... 1250.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 114
	<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)  
Charles Dauray

Mailing Address P.O. Box 97

City State Zip Code  
Estero FL 33928

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

Name of Employer  
College of Life Foundatio-  
n, In Occupation  
chairman

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16835

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)  
MR. Lawrence DeGeorge

Mailing Address 140 Intra Coastal Pointe Dr

City State Zip Code  
Jupiter FL 33477

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

Name of Employer  
self-employed Occupation  
merchant banker

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 0 / 2 0 0 7

Transaction ID: 70226.C16564

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MS. Brenda Dejong

Mailing Address 2201 Canary Island CV

City State Zip Code  
Naples FL 34119

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

Name of Employer  
Information Requested Occupation  
Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 8 / 2 0 0 7

Transaction ID: 70226.C16634

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2200.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 114
	<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)  
MS Sarah Deson

Mailing Address 329 W Mallory Cir

City Delray Beach State FL Zip Code 33483-5279

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

Name of Employer Homemaker Occupation homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2007

Transaction ID: 70404.C16834

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)  
DR. Thomas Dickinson

Mailing Address 2229 McClellan Pkwy

City Sarasota State FL Zip Code 34239-3712

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

Name of Employer retired Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt  
MM / DD / YYYY  
01 / 04 / 2007

Transaction ID: 70131.C16462

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. John Donahue

Mailing Address 100 Bay Road

City Naples State FL Zip Code 34102

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

Name of Employer Federated Investors Occupation president

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2007

Transaction ID: 70404.C16860

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 114
	<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)  
MR. Brewster Durkee

Mailing Address 5027 River Point Road

City State Zip Code  
Jacksonville FL 32207

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

Name of Employer Occupation  
retired retired

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

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2007

Transaction ID: 70404.C16875

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Gregory Eagle

Mailing Address 4134 Erindale Drive

City State Zip Code  
Fort Myers FL 33903

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

Name of Employer Occupation  
Information Requested Information Requested

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

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2007

Transaction ID: 70404.C16797

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
DR. Alexander Eaton

Mailing Address 1301 Poinciana Avenue

City State Zip Code  
Fort Myers FL 33901

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

Name of Employer Occupation  
Retina Health Center physician

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

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2007

Transaction ID: 70404.C16810

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 114
	<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

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)  
MR. Richard Eide

Mailing Address 340 Little Harbour Lane

City State Zip Code  
Naples FL 34102-7613

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2007

Transaction ID: 70404.C16758

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)  
MR. David Ericks

Mailing Address 5005 Glenrose

City State Zip Code  
Miccosukee Cpo FL 32309

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

Name of Employer Ericks Consulting Occupation consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2007

Transaction ID: 70404.C16751

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)  
MRS. Christine Farrar

Mailing Address 22190 Fairmount Ct

City State Zip Code  
Estero FL 33928-2384

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

Name of Employer Information Requested Occupation homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 12 / 2007

Transaction ID: 70226.C16681

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 114
	<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)  
MR. David Farrell

Mailing Address 1220 Log Cabin Lane

City State Zip Code  
Saint Louis MO 63124

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 12 / 2007

Transaction ID: 70226.C16710

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)  
MR. Lawrence Field

Mailing Address 433 N. Camden Dr., #820

City State Zip Code  
Beverly Hills CA 90210

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

Name of Employer NSB Association, Inc. Occupation owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2007

Transaction ID: 70404.C16842

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)  
Michael Fink

Mailing Address 1055 Wyomi Drive

City State Zip Code  
Fort Myers FL 33919

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

Name of Employer Fink & Boyle, P.A. Occupation attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2007

Transaction ID: 70226.C16716

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 114
	<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)  
MR. Terrance Flynn

Mailing Address 3801 Fort Charles Drive

City State Zip Code  
Naples FL 34102

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2007

Transaction ID: 70404.C16789

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. David Fogg

Mailing Address 3085 Paris Pike

City State Zip Code  
Lexington KY 40511

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

Name of Employer TPX, Inc. Occupation president

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2007

Transaction ID: 70404.C16862

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)  
MS. Elizabeth T Fogg

Mailing Address 1900 Gulf Shore Blvd N Apt 506

City State Zip Code  
Naples FL 34102-4604

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

Name of Employer retired Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2007

Transaction ID: 70226.C16610

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 34 / 114</span> (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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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

<b>A.</b> Full Name (Last, First, Middle Initial) MS. Elizabeth T Fogg Mailing Address 1900 Gulf Shore Blvd N Apt 506 City State Zip Code Naples FL 34102-4604 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70226.C16671 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>200.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	0	7		200.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	6		2	0	0	7														
	200.00																						
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 ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>400.00</td> </tr> </table>		400.00																				
	400.00																						

<b>B.</b> Full Name (Last, First, Middle Initial) MR. Joseph Fogg Mailing Address 4295 Cutlass Lane City State Zip Code Naples FL 34102 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70404.C16768 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>2300.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0	7		2300.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	5		2	0	0	7														
	2300.00																						
Name of Employer J. G. Fogg & Co., Inc. Occupation private equity Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>2300.00</td> </tr> </table>		2300.00																				
	2300.00																						

<b>C.</b> Full Name (Last, First, Middle Initial) MR. Joseph Fogg Mailing Address 4295 Cutlass Lane City State Zip Code Naples FL 34102 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70404.C16767 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>2300.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0	7		2300.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	5		2	0	0	7														
	2300.00																						
Name of Employer J. G. Fogg & Co., Inc. Occupation private equity Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>4600.00</td> </tr> </table>		4600.00																				
	4600.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td><b>4800.00</b></td> </tr> </table>		<b>4800.00</b>
	<b>4800.00</b>		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td></td> </tr> </table>		

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

Use separate schedule(s) or 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
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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
MRS. Leslie S. Fogg

Mailing Address 4295 Cutlass Lane

City State Zip Code  
Naples FL 34102

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

Name of Employer Occupation  
Homemaker homemaker

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

2300.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2007

**Transaction ID:** 70404.C16770

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
MRS. Leslie S. Fogg

Mailing Address 4295 Cutlass Lane

City State Zip Code  
Naples FL 34102

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

Name of Employer Occupation  
Homemaker homemaker

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

4600.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2007

**Transaction ID:** 70404.C16769

Amount of Each Receipt this Period  
2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Nathaniel G. Fogg

Mailing Address 4295 Cutlass Lane

City State Zip Code  
Naples FL 34102

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

Name of Employer Occupation  
Student student

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

2300.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2007

**Transaction ID:** 70404.C16764

Amount of Each Receipt this Period  
2300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 36 / 114</span> (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</b> Full Name (Last, First, Middle Initial) MR. Nathaniel G. Fogg Mailing Address 4295 Cutlass Lane City State Zip Code Naples FL 34102 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>0</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70404.C16765 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>2300.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	0	7		2300.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		2	2		2	0	0	7														
	2300.00																						
Name of Employer Student Occupation student Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>4600.00</td> </tr> </table>		4600.00																				
	4600.00																						

<b>B.</b> Full Name (Last, First, Middle Initial) MS. Whitney Fogg Mailing Address 4295 Cutlass Lane City State Zip Code Naples FL 34102 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>0</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70404.C16745 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>2300.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	0		2	0	0	7		2300.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		2	0		2	0	0	7														
	2300.00																						
Name of Employer Student Occupation student Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>2300.00</td> </tr> </table>		2300.00																				
	2300.00																						

<b>C.</b> Full Name (Last, First, Middle Initial) MS. Whitney Fogg Mailing Address 4295 Cutlass Lane City State Zip Code Naples FL 34102 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>0</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70404.C16744 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>2300.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	0		2	0	0	7		2300.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		2	0		2	0	0	7														
	2300.00																						
Name of Employer Student Occupation student Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>4600.00</td> </tr> </table>		4600.00																				
	4600.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td><b>6900.00</b></td> </tr> </table>		<b>6900.00</b>
	<b>6900.00</b>		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td></td> </tr> </table>		

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 114
	<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)  
MR. Theo Folz

Mailing Address 936 Intracostal Drive, #6F

City State Zip Code  
Fort Lauderdale FL 33304

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

Name of Employer Altadis USA, Inc. Occupation tobacco

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 19 / 2007

Transaction ID: 70404.C16877

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Donald Forte

Mailing Address 542 11th Ave S

City State Zip Code  
Naples FL 34102-7134

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

Name of Employer retired Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 08 / 2007

Transaction ID: 70226.C16707

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR Peter Fortune

Mailing Address 1014 Nelsons Walk

City State Zip Code  
Naples FL 34102-7835

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

Name of Employer retired Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2007

Transaction ID: 70404.C16886

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 114
	<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)  
DR. Jonathan Frantz

Mailing Address 380 Keenan Avenue

City State Zip Code  
Fort Myers FL 33919

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

Name of Employer  
FL Eye Health, Inc.

Occupation  
physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2007

Transaction ID: 70404.C16808

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)  
MR. Lamar Gable

Mailing Address 2600 Golden Gate Pkwy.

City State Zip Code  
Naples FL 34105

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

Name of Employer  
Barron Collier Co.

Occupation  
general partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2007

Transaction ID: 70404.C16777

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Lamar Gable

Mailing Address 2600 Golden Gate Pkwy.

City State Zip Code  
Naples FL 34105

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

Name of Employer  
Barron Collier Co.

Occupation  
general partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2007

Transaction ID: 70404.C16776

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 114
	<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)  
MR. John Garvalia

Mailing Address 3782 Cracker Way

City State Zip Code  
Bonita Springs FL 34134

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

Name of Employer Occupation  
Miromar Development developer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16814

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Edward Goodnow

Mailing Address 9 Old Kings Highway

City State Zip Code  
Darien CT 06820

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

Name of Employer Occupation  
Goodwin Gray & Co. investment manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 9 / 2 0 0 7

Transaction ID: 70226.C16719

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Jonathan Vail Gould

Mailing Address 3901 Connecticut Ave., N.W., #310

City State Zip Code  
Washington DC 20008

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

Name of Employer Occupation  
U.S. Senate attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 0 / 2 0 0 7

Transaction ID: 70404.C16741

Amount of Each Receipt this Period  
2300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 114
	<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)  
MR. Jonathan Vail Gould

Mailing Address 3901 Connecticut Ave., N.W., #310

City State Zip Code  
Washington DC 20008

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

Name of Employer U.S. Senate Occupation attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2007

Transaction ID: 70404.C16742

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Thomas Grady

Mailing Address 720 5th Avenue, S #200

City State Zip Code  
Naples FL 34102

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

Name of Employer self-employed Occupation attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2007

Transaction ID: 70404.C16800

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MRS. Amy Gravina

Mailing Address 1370 Gasparilla Dr

City State Zip Code  
Fort Myers FL 33901-7712

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

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

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2007

Transaction ID: 70404.C16818

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3800.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 114
	<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)  
MRS. Katherine Green

Mailing Address 1307 Plumosa Drive

City State Zip Code  
Fort Myers FL 33901

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

Name of Employer Occupation  
The Bonita Bay Group vice-president of veranda

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16795

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Dan Gunter

Mailing Address 185 Kenwith Court

City State Zip Code  
Lakeland FL 33803

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

Name of Employer Occupation  
Alicio President/COO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16836

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Gordon Harris

Mailing Address 1201 East Robinson Street

City State Zip Code  
Orlando FL 32801

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

Name of Employer Occupation  
self-employed attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 1 / 2 0 0 7

Transaction ID: 70404.C16822

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) ..... ► **2200.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 114
	<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)  
MR. William Harvey

Mailing Address 1777 Galleon Drive

City State Zip Code  
Naples FL 34102-7719

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 0 / 2 0 0 7

Transaction ID: 70226.C16705

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Donnie Hixon

Mailing Address 4676 West Commercial

City State Zip Code  
Fort Lauderdale FL 33319

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

Name of Employer United Global Security, Inc. Occupation security

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16925

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)  
MR. Brian Holley

Mailing Address 100 Wyndemere Way Apt 103

City State Zip Code  
Naples FL 34105-7122

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

Name of Employer Naples Botanical Gardens Occupation ceo

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 9 / 2 0 0 7

Transaction ID: 70226.C16703

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 114
	<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)  
MR. James Hovey

Mailing Address 4180 Cutlass Lane

City State Zip Code  
Naples FL 34102

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) ▼

1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2007

**Transaction ID:** 70226.C16701

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)  
MR. Gareth Hudson

Mailing Address P. O. Box 3669

City State Zip Code  
Placida FL 33946

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

Name of Employer Occupation  
n/a retired

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

250.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2007

**Transaction ID:** 70404.C16845

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Frank Jenkins

Mailing Address 11951 Palomino Lane

City State Zip Code  
Fort Myers FL 33912

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

Name of Employer Occupation  
Information Requested Information Requested

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

250.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2007

**Transaction ID:** 70404.C16806

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 114
	<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)  
MR. James Jennings

Mailing Address 9209 Kincaid Court

City Sanibel State FL Zip Code 33957

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

Name of Employer City of Sanibel Occupation councilman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2007

Transaction ID: 70404.C16802

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. David Jensen

Mailing Address PO Box 191

City Captiva State FL Zip Code 33924

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

Name of Employer Self Employed Occupation owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2007

Transaction ID: 70404.C16858

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. James Jensen

Mailing Address PO Box 191

City Captiva State FL Zip Code 33924

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

Name of Employer Self Employed Occupation Resort Management

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2007

Transaction ID: 70404.C16857

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 114
	<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)  
MS. Karen Johnson

Mailing Address 15170 Canongate Drive

City State Zip Code  
Fort Myers FL 33912

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16828

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. And Mrs. Scott Kapnick

Mailing Address 20 E. 73rd Street

City State Zip Code  
New York NY 10021

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

Name of Employer Goldman Sachs Occupation investment banker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 1 / 2 0 0 7

Transaction ID: 70404.C16743

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Stephen Keller

Mailing Address 777 Bayshore Drive, #1506

City State Zip Code  
Fort Lauderdale FL 33304

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 0 7

Transaction ID: 70131.C16535

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 114
	<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)  
Mr. Donald Kennedy, Jr.

Mailing Address 6915 Green Tree Drive

City State Zip Code  
Naples FL 34108

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

Name of Employer retired  
Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2008.00

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2007

Transaction ID: 70226.C16639

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
DR. Kriston Kent

Mailing Address 1660 Medical Blvd. Suite 100

City State Zip Code  
Naples FL 34110

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

Name of Employer Aesthetic Sugery Special-ists  
Occupation Plastic Surgeon

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2008.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2007

Transaction ID: 70404.C16766

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Thad Kirkpatrick

Mailing Address 420 Widgeon Pointe

City State Zip Code  
Naples FL 34105

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

Name of Employer Cohen & Grigsby  
Occupation attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2008.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2007

Transaction ID: 70404.C16807

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 114
	<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

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)  
Jonathan Kislak

Mailing Address 7900 Miami Lakes Drive, W

City State Zip Code  
Hialeah FL 33016

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

Name of Employer Occupation  
Kislak National Bank chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2008.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 4 / 2 0 0 7

Transaction ID: 70226.C16633

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Martin Klingenberg

Mailing Address 1455 Blue Paint Avenue

City State Zip Code  
Naples FL 34102

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

Name of Employer Occupation  
Self Employed attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 7 / 2 0 0 7

Transaction ID: 70226.C16638

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
DR. Carol Krol

Mailing Address 4760 West Atlantic Avenue

City State Zip Code  
Delray Beach FL 33445

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

Name of Employer Occupation  
Self Employed chiropractic physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 0 / 2 0 0 7

Transaction ID: 70404.C16782

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or 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 48 / 114
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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)  
MR. T. J. Kukk

Mailing Address 3660 Gin Lane

City State Zip Code  
Naples FL 34102

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

Name of Employer Occupation  
retired retired

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 1 / 2 0 0 7

**Transaction ID:** 70226.C16709

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)  
MR. David Lageschulte

Mailing Address 4329 Cleveland Avenue

City State Zip Code  
Fort Myers FL 33901

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

Name of Employer Occupation  
LTP Management executive

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

2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 7

**Transaction ID:** 70404.C16872

Amount of Each Receipt this Period  
2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. David Lageschulte

Mailing Address 4329 Cleveland Avenue

City State Zip Code  
Fort Myers FL 33901

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

Name of Employer Occupation  
LTP Management executive

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

4600.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 7

**Transaction ID:** 70404.C16871

Amount of Each Receipt this Period  
2300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 114
	<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)  
MR. James A LaGrippe

Mailing Address 1450 Gulfstar Dr S

City State Zip Code  
Naples FL 34112-6402

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 0 7

**Transaction ID:** 70226.C16700

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)  
MR. And Mrs. Robert P. Langley

Mailing Address 1179 33rd Ave South

City State Zip Code  
Naples FL 34102

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

Name of Employer retired Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 7

**Transaction ID:** 70404.C16874

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)  
DR. John Lawlor

Mailing Address 18800 Telegraph Creek Lane

City State Zip Code  
Alva FL 33920

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 7

**Transaction ID:** 70404.C16829

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 114
	<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)  
MR. L. Bates Lea

Mailing Address 1255 Gulf Shore Blvd. N #3-S

City State Zip Code  
Naples FL 34102

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

Name of Employer Occupation  
retired retired

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

1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 12 / 2007

Transaction ID: 70226.C16673

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)  
MR. J. Robert Long

Mailing Address 2443 SW Pine Island Road

City State Zip Code  
Cape Coral FL 33991

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

Name of Employer Occupation  
Marine Concepts owner

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

1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2007

Transaction ID: 70404.C16790

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Scott Lutgert

Mailing Address 4200 Gulfshore Blvd.

City State Zip Code  
Naples FL 34103

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

Name of Employer Occupation  
The Lutgert Companies chairman

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

2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2007

Transaction ID: 70404.C16856

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 114
	<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)  
MRS. Florence Macdonald

Mailing Address 3663 Cambridge Drive, S.E.

City State Zip Code  
Stuart FL 34997

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

Name of Employer  
Homemaker

Occupation  
homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 7

Transaction ID: 70226.C16592

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Jeffrey Magoon

Mailing Address 16430 Millstone Circle  
Unit 104

City State Zip Code  
Fort Myers FL 33908

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

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 9 / 2 0 0 7

Transaction ID: 70404.C16821

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. And Mrs. Paul J. Marinelli

Mailing Address 2600 Golden Gate Parkway

City State Zip Code  
Naples FL 34105

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

Name of Employer  
Barron Collier Co.

Occupation  
president

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 0 / 2 0 0 7

Transaction ID: 70226.C16572

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) ..... ► **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 114
	<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)  
MR. And Mrs. Paul J. Marinelli

Mailing Address 2600 Golden Gate Parkway

City State Zip Code  
Naples FL 34105

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

Name of Employer Barron Collier Co. Occupation president

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1750.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 21 / 2007

Transaction ID: 70404.C16771

Amount of Each Receipt this Period  
1250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Richard Marx

Mailing Address P.O. Box 440

City State Zip Code  
Wappingers Falls NY 12590

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

Name of Employer self-employed Occupation insurance

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 08 / 2007

Transaction ID: 70131.C16523

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Arthur Mason

Mailing Address

City State Zip Code

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

Name of Employer Cassidy & Associates Occupation consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2007

Transaction ID: 70404.C16749

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 114
	<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)  
MRS. Tina McCain Matte

Mailing Address 9051 Pittsburgh Blvd

City State Zip Code  
Fort Myers FL 33912-7206

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

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

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16820

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)  
MR Charles Matthews

Mailing Address 2266 Windward Way

City State Zip Code  
Naples FL 34103-4763

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

Name of Employer Occupation  
Matthews Inc. businessman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 0 7

Transaction ID: 70226.C16728

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)  
MR. Mark Mccarthy

Mailing Address 3001 S. Course Dirve Apt. 503

City State Zip Code  
Pompano Beach FL 33069

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

Name of Employer Occupation  
Custard Insurance Adjuste- insurance  
rs

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 7

Transaction ID: 70404.C16927

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 114
	<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)  
MR. And Mrs. Brian F. McColgan

Mailing Address P. O. Box 640

City State Zip Code  
Bokeelia FL 33922

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

Name of Employer self-employed Occupation  
real estate appraiser

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2007

Transaction ID: 70226.C16631

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Thomas McGrath

Mailing Address 1091 Jefferson Lane

City State Zip Code  
Huntingdon Valley PA 19006

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

Name of Employer self-employed Occupation  
individual investor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2007

Transaction ID: 70404.C16840

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Frederick Miller

Mailing Address 12709 N.W. 15th Street

City State Zip Code  
Pompano Beach FL 33071

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

Name of Employer Occupation  
Pediatrix Medical Group physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2007

Transaction ID: 70404.C16916

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 114
	<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)  
MR. Patrick Miller

Mailing Address 190 Weber Blvd. S

City State Zip Code  
Naples FL 34117

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2007

**Transaction ID:** 70404.C16887

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. And Mrs. John Moran

Mailing Address 125 Worth Avenue  
Apt. 202

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer retired Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2007

**Transaction ID:** 70404.C16756

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Clinton Morrison

Mailing Address PO Box 493

City State Zip Code  
Boca Grande FL 33921-0493

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

Name of Employer Information Requested Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 05 / 2007

**Transaction ID:** 70131.C16516

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 114
	<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

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)  
MR. Gerald Nichols

Mailing Address 4548 Mundy Dr

City State Zip Code  
Jacksonville FL 32207-7520

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

Name of Employer Occupation  
retired retired

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

200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 2 / 2 0 0 7

**Transaction ID:** 70226.C16615

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. and Mrs. Chester E. Norris, , JR

Mailing Address 812 Rue de Ville

City State Zip Code  
Naples FL 34108

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

Name of Employer Occupation  
retired retired

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 2 / 2 0 0 7

**Transaction ID:** 70226.C16706

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)  
MS. Katherine Pallas

Mailing Address

City State Zip Code

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

Name of Employer Occupation  
Information Requested Information Requested

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 2 / 2 0 0 7

**Transaction ID:** 70404.C16799

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 114
	<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)  
MR. Robert Paul., III

Mailing Address PO Box 17999

City State Zip Code  
Jacksonville FL 32245-7999

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

Name of Employer Southeast-Atlantic Beverage Co  
Occupation distributor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2007

Transaction ID: 70404.C16855

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Leonard Pavelka

Mailing Address P. O. Box 1019

City State Zip Code  
Jacksonville FL 32201

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

Name of Employer J. H. Churchwell Co.  
Occupation president

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2007

Transaction ID: 70226.C16667

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. George Perreault

Mailing Address 7336 Captain Kidd Avenue

City State Zip Code  
Sarasota FL 34231

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

Name of Employer Self Employed  
Occupation investor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2007

Transaction ID: 70404.C16873

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 114
	<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)  
MR. John T Pratt

Mailing Address 1479 SW Shoreline Drive

City State Zip Code  
Palm City FL 34990

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

Name of Employer Occupation  
retired retired

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 4 / 2 0 0 7

Transaction ID: 70226.C16699

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)  
MR. William Price

Mailing Address 23860 Messina Ct

City State Zip Code  
Bonita Springs FL 34134

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

Name of Employer Occupation  
McGarvey Development Co. c.o.o.

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 0 / 2 0 0 7

Transaction ID: 70226.C16675

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Lawrence Pugh

Mailing Address 6919 Green Tree Lane

City State Zip Code  
Naples FL 34108

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

Name of Employer Occupation  
retired retired

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 0 / 2 0 0 7

Transaction ID: 70226.C16711

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) ..... ► **2250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 114
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)  
MR. William Pullum

Mailing Address 8494 Navarre Pkwy.

City State Zip Code  
Gulf Breeze FL 32566

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

Name of Employer  
Bill Pullum Realty, Inc.

Occupation  
real estate

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 6 / 2 0 0 7

Transaction ID: 70226.C16697

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Michael Quaintance

Mailing Address 4314 SW 3rd Ave

City State Zip Code  
Cape Coral FL 33914

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

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 7

Transaction ID: 70404.C16882

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. John Quinn

Mailing Address PO Box 941539

City State Zip Code  
Maitland FL 32794-1539

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

Name of Employer  
self-employed

Occupation  
investments

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 7

Transaction ID: 70404.C16923

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 114
	<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)  
MR. Robert Lee Ratliff, III

Mailing Address 730 Birdie View Point

City State Zip Code  
Sanibel FL 33957-4625

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

Name of Employer  
Self Employed

Occupation  
real estate

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 05 / 2007

Transaction ID: 70404.C16746

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael Reitmann, ., JR

Mailing Address 1010 S. Town and River Drive

City State Zip Code  
Fort Myers FL 33919

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

Name of Employer  
Building Industry Assn.

Occupation  
executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 22 / 2007

Transaction ID: 70404.C16788

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Geoffrey Roepstorff

Mailing Address 1287 Isabel Drive

City State Zip Code  
Sanibel FL 33957

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

Name of Employer  
Edison National Bank

Occupation  
c.e.o.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 22 / 2007

Transaction ID: 70404.C16803

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) ..... ► **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 114
	<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)  
MR. Gonzalo Romero

Mailing Address 3764 Aslot Bend Court

City State Zip Code  
Bonita Springs FL 34136

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

Name of Employer Occupation  
Bonita Bay Group vice president

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16791

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Leslie Rose

Mailing Address 330 S Ocean Blvd Apt 3B

City State Zip Code  
Palm Beach FL 33480-4263

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

Name of Employer Occupation  
retired retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 0 7

Transaction ID: 70226.C16642

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)  
MR. Michael Rose

Mailing Address 1000 Ridgeway Loop Suite 108

City State Zip Code  
Memphis TN 38120

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

Name of Employer Occupation  
Self Employed private investor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 7

Transaction ID: 70404.C16889

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) ..... ► **1200.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 114
	<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)  
MR. W. Neil Rossborough

Mailing Address 13455 Rosewood Lane

City State Zip Code  
Naples FL 34119

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

Name of Employer retired Occupation retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2007

Transaction ID: 70404.C16880

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Herbert Rowe

Mailing Address 4601 Gulf Shore Blvd N Apt 12  
Apt. 12

City State Zip Code  
Naples FL 34103-2214

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

Name of Employer retired Occupation retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 21 / 2007

Transaction ID: 70404.C16830

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles Salisbury, ., JR

Mailing Address 1285 Gulf Shore Blvd. N

City State Zip Code  
Naples FL 34102

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

Name of Employer Self Employed Occupation investments

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 12 / 2007

Transaction ID: 70226.C16672

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2450.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 114
	<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)  
MR. William Schira

Mailing Address 4409 Sugar Pine Drive

City State Zip Code  
Boca Raton FL 33487

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

Name of Employer United Global Security, Inc. Occupation security

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2007

Transaction ID: 70404.C16924

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR Ian Schmoyer

Mailing Address 1031 Edgemere Dr  
Edgemere Dr

City State Zip Code  
Fort Myers FL 33919-2607

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

Name of Employer CC Turner, Inc. Occupation developer

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 20 / 2007

Transaction ID: 70404.C16785

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR Ian Schmoyer

Mailing Address 1031 Edgemere Dr  
Edgemere Dr

City State Zip Code  
Fort Myers FL 33919-2607

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

Name of Employer CC Turner, Inc. Occupation developer

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

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 05 / 2007

Transaction ID: 70404.C16867

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) ..... ► **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 114
	<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)  
MR. Jerry Schmoyer

Mailing Address 1372 Osceola Drive

City State Zip Code  
Fort Myers FL 33901

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

Name of Employer Occupation  
Miromar Development developer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2007

Transaction ID: 70404.C16796

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)  
MRS. Sue Schulte

Mailing Address 490 Palm Circle West

City State Zip Code  
Naples FL 34102

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2007

Transaction ID: 70404.C16760

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Robert Schwindt

Mailing Address 7803 Cocobay Court

City State Zip Code  
Naples FL 34108

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

Name of Employer Occupation  
n/a retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
150.00

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2007

Transaction ID: 70131.C16469

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) ..... ► **2050.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 114
	<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

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)  
MR. Robert Schwindt

Mailing Address 7803 Cocobay Court

City State Zip Code  
Naples FL 34108

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 0 7

Transaction ID: 70226.C16597

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Robert Scott

Mailing Address 3775 Rum Row

City State Zip Code  
Naples FL 34102

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

Name of Employer C & D Technoliges Occupation vice president

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 2 / 2 0 0 7

Transaction ID: 70226.C16704

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Robert Scott

Mailing Address 3775 Rum Row

City State Zip Code  
Naples FL 34102

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

Name of Employer C & D Technoliges Occupation vice president

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16761

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 114
	<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)  
MR. A. J. Scribante

Mailing Address 2969 Wulfert Road

City State Zip Code  
Sanibel FL 33957

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

Name of Employer Occupation  
Vital Learning chairman/c.e.o.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2007

Transaction ID: 70404.C16893

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)  
MR. Joseph Seidel

Mailing Address 8058 Glendale Road

City State Zip Code  
Chevy Chase MD 20815

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

Name of Employer Occupation  
Credit Suisse First Boston LLC managing director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2007

Transaction ID: 70404.C16902

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MS. Mary Zetwick Seidel

Mailing Address 8058 Glendale Road

City State Zip Code  
Chevy Chase MD 20815

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

Name of Employer Occupation  
Reinsurance Assn. of America federal affairs

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2007

Transaction ID: 70404.C16903

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) ..... ▶ **4000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 114
	<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)  
MS. Betty Sembler

Mailing Address 10324 Paradise Blvd.

City State Zip Code  
Saint Petersburg FL 33706

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

Name of Employer Occupation  
Homemaker homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2007

Transaction ID: 70226.C16738

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
MRS. Constance Shank

Mailing Address 23773 Creek Branch Ln

City State Zip Code  
Bonita Springs FL 34135-4013

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

Name of Employer Occupation  
retired retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
01 / 03 / 2007

Transaction ID: 70226.C16560

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
MRS. Laurel Smith

Mailing Address 2306 Ivy Ave

City State Zip Code  
Fort Myers FL 33907-4251

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

Name of Employer Occupation  
Gravina, Smith & Matte public relations

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2007

Transaction ID: 70404.C16819

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 114
	<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	

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)  
MR. Mark Smith

Mailing Address 1326 Bayliss Drive

City State Zip Code  
Alexandria VA 22302

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

Name of Employer King & Spalding LLP Occupation govt. relations advisor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 7

Transaction ID: 70226.C16609

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)  
MR. John Spears

Mailing Address 1285 Gulf Shore Blvd. North  
Apt. 7-A

City State Zip Code  
Naples FL 34102

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16815

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MS. Juliet Sproul

Mailing Address 2600 Golden Gate Pkwy.

City State Zip Code  
Naples FL 34105

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

Name of Employer Barron Collier Co. Occupation general partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 0 7

Transaction ID: 70404.C16774

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 114
	<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)  
MS. Juliet Sproul

Mailing Address 2600 Golden Gate Pkwy.

City State Zip Code  
Naples FL 34105

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

Name of Employer Occupation  
Barron Collier Co. general partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2007

Transaction ID: 70404.C16775

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Willis Stephens

Mailing Address PO Box 371

City State Zip Code  
Brewster NY 10509

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

Name of Employer Occupation  
retired retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2007

Transaction ID: 70226.C16663

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Willis Stephens

Mailing Address PO Box 371

City State Zip Code  
Brewster NY 10509

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

Name of Employer Occupation  
retired retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
02 / 12 / 2007

Transaction ID: 70226.C16727

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 114
	<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)  
Peter Sulick

Mailing Address 3295 Forst Charles Drive

City State Zip Code  
Naples FL 34102-7924

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2007

Transaction ID: 70404.C16759

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Michael Sullivan

Mailing Address 6271 Tidewater Island Circle

City State Zip Code  
Fort Myers FL 33908

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2007

Transaction ID: 70404.C16798

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Kermit Sutton

Mailing Address 715 10th Street, S.

City State Zip Code  
Naples FL 34102

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2007

Transaction ID: 70404.C16896

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 114
	<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)  
MR. Thomas Sylte

Mailing Address 2630 Paradise Point Drive

City State Zip Code  
Pensacola FL 32503

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16863

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
MRS. Eduarda Taylor

Mailing Address 374 South Beach Road

City State Zip Code  
Hobe Sound FL 33455

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 7

Transaction ID: 70404.C16908

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. John Taylor, III

Mailing Address 374 South Beach Road

City State Zip Code  
Hobe Sound FL 33455

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

Name of Employer Information Requested Occupation Information Requested  
J. J. Taylor & Associates c.e.o.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 7

Transaction ID: 70404.C16907

Amount of Each Receipt this Period  
2300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 114
	<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)  
MRS. Mary Taylor

Mailing Address 8401 Black Stallion Place

City State Zip Code  
Vienna VA 22182

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

Name of Employer American Hospital Associates  
Occupation lobbyist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2007

Transaction ID: 70404.C16904

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MRS. Teri Thomas

Mailing Address 6796 Broken Arrow Rd

City State Zip Code  
Fort Myers FL 33912-4101

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

Name of Employer A D Systems  
Occupation owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2007

Transaction ID: 70404.C16809

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Bobby Thompson

Mailing Address 7028 W. Waters Ave., #325

City State Zip Code  
Tampa FL 33634

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

Name of Employer Information Requested  
Occupation Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2007

Transaction ID: 70404.C16864

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) ..... ► **1250.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 114
	<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)  
MS. Chene Thompson

Mailing Address 4397 Forst Keis Avenue

City State Zip Code  
Labelle FL 33935

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16812

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MS. Mary Thompson

Mailing Address 1318 Wales Drive

City State Zip Code  
Fort Myers FL 33901

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

Name of Employer Homemaker Occupation homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16811

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. G. Donald Thomson

Mailing Address 27620 Kent Road

City State Zip Code  
Bonita Springs FL 34135

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

Name of Employer Henderson Franklin Starnes Hol Occupation attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 6 / 2 0 0 7

Transaction ID: 70226.C16635

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 114
	<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)  
MR. William Tompkins

Mailing Address 1330 Main Street, #7

City State Zip Code  
Sarasota FL 34236

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

Name of Employer n/a Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 7

Transaction ID: 70226.C16580

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Gary Trippe

Mailing Address 1275 Kasamada Drive

City State Zip Code  
Fort Myers FL 33919

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

Name of Employer Oswald Trippe & Co. Occupation chief operating officer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 2 / 2 0 0 7

Transaction ID: 70404.C16779

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Vernon Troyer

Mailing Address 22335 Palm Beach Blvd.

City State Zip Code  
Alva FL 33920

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

Name of Employer self-employed Occupation farmer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 7

Transaction ID: 70131.C16545

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) ..... ► **950.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 114
	<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

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)  
MR Todd Turner

Mailing Address 1809 Lagoon Ln

City State Zip Code  
Cape Coral FL 33914-2510

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

Name of Employer  
CC Turner, Inc.

Occupation  
developer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2007

Transaction ID: 70404.C16787

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)  
MR Todd Turner

Mailing Address 1809 Lagoon Ln

City State Zip Code  
Cape Coral FL 33914-2510

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

Name of Employer  
CC Turner, Inc.

Occupation  
developer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2007

Transaction ID: 70404.C16753

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. And Mrs. Michael Valiquette

Mailing Address 1206 Bay Drive

City State Zip Code  
Sanibel FL 33957

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

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2007

Transaction ID: 70404.C16783

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) ..... ► **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 / 114
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)  
MR. And Mrs. Duncan Varty

Mailing Address 1900 Gulf Shore Blvd. North

City State Zip Code  
Naples FL 34102

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

Name of Employer retired Occupation retired

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 9 / 2 0 0 7

Transaction ID: 70226.C16640

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Augusto Villalon

Mailing Address 3859 Cruz Drive

City State Zip Code  
Saint James City FL 33956

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

Name of Employer self-employed Occupation engineer

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 9 / 2 0 0 7

Transaction ID: 70226.C16720

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Lou Vlasho

Mailing Address 700 Fifth Avenue, South

City State Zip Code  
Naples FL 34102

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

Name of Employer Rimaco Co. Occupation vice-president

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16823

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) ..... ► **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 77 / 114  
(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)  
DR. Kenneth Walker

Mailing Address 1920 Virginia Avenue, #803

City State Zip Code  
Fort Myers FL 33901

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

Name of Employer Edison Community College      Occupation president

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 7

Transaction ID: 70131.C16538

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Charles Walton

Mailing Address 7241 Orchid Island Pl

City State Zip Code  
Bradenton FL 34202-2438

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

Name of Employer Wastequip, Inc.      Occupation executive

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 7

Transaction ID: 70226.C16593

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Charles Walton

Mailing Address 7241 Orchid Island Pl

City State Zip Code  
Bradenton FL 34202-2438

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

Name of Employer Wastequip, Inc.      Occupation executive

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 7

Transaction ID: 70404.C16876

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 114
	<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)  
MR. John Warfield

Mailing Address 3893 Woodlake Drive

City State Zip Code  
Bonita Springs FL 34134-8608

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

Name of Employer Occupation  
The Frederick Motor Co. Automobile Dealer

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 8 / 2 0 0 7

Transaction ID: 70226.C16637

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MS. Susan Watts

Mailing Address 3981 Lakemont Drive

City State Zip Code  
Bonita Springs FL 34134

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

Name of Employer Occupation  
The Bonita Bay Group executive

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

200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 7

Transaction ID: 70404.C16794

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
MS. Linda Welch

Mailing Address PO Box 62074

City State Zip Code  
Fort Myers FL 33906

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

Name of Employer Occupation  
Information Requested Information Requested

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 6 / 2 0 0 7

Transaction ID: 70404.C16825

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>950.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 114
	<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)  
MR. Thomas Wheeler

Mailing Address 736 Kings Town Dr

City State Zip Code  
Naples FL 34102-7831

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

Name of Employer retired Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2007

Transaction ID: 70404.C16762

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)  
MRS. Linda White

Mailing Address 1510 Star Pointe Lane

City State Zip Code  
Naples FL 34112

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

Name of Employer retired Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2007

Transaction ID: 70226.C16668

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)  
MR. Randy Wayne White

Mailing Address PO Box 486

City State Zip Code  
Pineland FL 33945

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

Name of Employer Self Employed Occupation Author

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2007

Transaction ID: 70226.C16636

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 114
	<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)  
MR. Scott Whitney

Mailing Address 22759 Fountain Lakes Blvd.

City State Zip Code  
Estero FL 33928

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

Name of Employer Occupation  
Bonita Bay Group senior vice president

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16792

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Jerry Williams

Mailing Address 3838 Tamiami Trail

City State Zip Code  
Naples FL 34103

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

Name of Employer Occupation  
Orion Bancorp, Inc. c.e.o.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 5 / 2 0 0 7

Transaction ID: 70404.C16816

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MS. Kathryn Esping Woods

Mailing Address 3510 Turtle Creek Blvd  
17C

City State Zip Code  
Dallas TX 75219

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 2 / 2 0 0 7

Transaction ID: 70404.C16763

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 81 / 114
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
MR. Jovan Zepceviski

Mailing Address 7802 Jean Blvd.

City State Zip Code  
Fort Myers FL 33912

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

Name of Employer Occupation  
Zep Construction, Inc. Bridge Contractor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2007

Transaction ID: 70226.C16646

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Robert Zimmerman

Mailing Address 1708 Venezia Way

City State Zip Code  
Naples FL 34105

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

Name of Employer Occupation  
retired retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2007

Transaction ID: 70226.C16736

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	700.00
<b>TOTAL</b> This Period (last page this line number only) .....	144400.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial) <b>A. Jeff Cohen</b>		<b>Transaction ID:</b> 70404.E3214 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address 317 CANNON BUILDING		Amount of Each Disbursement this Period 125.22
City Washington State DC Zip Code 20515-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jeff Cohen</b>		<b>Transaction ID:</b> 70404.E3229 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 317 CANNON BUILDING		Amount of Each Disbursement this Period 249.90
City Washington State DC Zip Code 20515-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement (CELLULAR) SEE BELOW Candidate Name	Category/Type	(CELLULAR) SEE BELOW
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Jamestown Associates</b>		<b>Transaction ID:</b> 70404.E3202 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 5 Mapletown Road, #300		Amount of Each Disbursement this Period 3585.00
City Princeton State NJ Zip Code 08540-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement HOLIDAY CARDS Candidate Name	Category/Type	HOLIDAY CARDS
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3960.12
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Jamestown Associates</b>		<b>Transaction ID:</b> 70404.E3219 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 5 Mapletown Road, #300		Amount of Each Disbursement this Period 1888.54
City Princeton State NJ Zip Code 08540-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE FOR HOLIDAY CARDS		POSTAGE FOR HOLIDAY CARDS
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mr. Rob Jennings</b>		<b>Transaction ID:</b> 70404.E3231 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address American Event Consulting, Inc. 501 L St NW		Amount of Each Disbursement this Period 1250.00
City Washington State DC Zip Code 20001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING CONSULTING FEE		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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mr. Rob Jennings</b>		<b>Transaction ID:</b> 70404.E3203 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address American Event Consulting, Inc. 501 L St NW		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING CONSULTING FEE		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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3638.54
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Arthur J. Finkelstein &amp; Assoc.</b>		<b>Transaction ID: 70131.E3131</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7	
Mailing Address 16 N. Astor Street		Amount of Each Disbursement this Period 4000.00	
City Irvington State NY Zip Code 10533-	Purpose of Disbursement POLITICAL CONSULTING FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	POLITICAL CONSULTING FEE	
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) ▼		

Full Name (Last, First, Middle Initial) <b>B. Arthur J. Finkelstein &amp; Assoc.</b>		<b>Transaction ID: 70404.E3222</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7	
Mailing Address 16 N. Astor Street		Amount of Each Disbursement this Period 6457.95	
City Irvington State NY Zip Code 10533-	Purpose of Disbursement POLITICAL CONSULTING FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	POLITICAL CONSULTING FEE	
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) ▼		

Full Name (Last, First, Middle Initial) <b>C. Arthur J. Finkelstein &amp; Assoc.</b>		<b>Transaction ID: 70404.E3234</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7	
Mailing Address 16 N. Astor Street		Amount of Each Disbursement this Period 4536.40	
City Irvington State NY Zip Code 10533-	Purpose of Disbursement POLITICAL CONSULTING FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	POLITICAL CONSULTING FEE	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	14994.35
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Lee County REC</b>		<b>Transaction ID:</b> 70404.E3224 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7
Mailing Address P. O. Box 61465		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Myers State FL Zip Code 33906-	Category/Type	
Purpose of Disbursement ADVERTISEMENT IN EVENT PROGRAM Candidate Name		ADVERTISEMENT IN EVENT PROGRAM
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Florida Business Information, Inc.</b>		<b>Transaction ID:</b> 70404.E3206 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address PO Box 193		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
City Bell State FL Zip Code 32619-	Category/Type	
Purpose of Disbursement NEWSPAPER CLIPPING SERVICE Candidate Name		NEWSPAPER CLIPPING SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Florida Business Information, Inc.</b>		<b>Transaction ID:</b> 70404.E3216 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address PO Box 193		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
City Bell State FL Zip Code 32619-	Category/Type	
Purpose of Disbursement NEWSPAPER CLIPPING SERVICE Candidate Name		NEWSPAPER CLIPPING SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	860.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Florida Business Information, Inc.</b>		<b>Transaction ID:</b> 70404.E3233 Date of Disbursement 03 / 01 / 2007	
Mailing Address PO Box 193		Amount of Each Disbursement this Period 130.00	
City Bell State FL Zip Code 32619-	Purpose of Disbursement NEWSPAPER CLIPPING SERVICE Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	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) ▼	NEWSPAPER CLIPPING SERVICE	

Full Name (Last, First, Middle Initial) <b>B. Larson, Allen, Weishair &amp; Co., LLP</b>		<b>Transaction ID:</b> 70404.E3220 Date of Disbursement 02 / 01 / 2007	
Mailing Address 4099 Tamiami Trl N Ste 200		Amount of Each Disbursement this Period 350.00	
City Naples State FL Zip Code 34103-3548	Purpose of Disbursement ACCOUNTING Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	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) ▼	ACCOUNTING	

Full Name (Last, First, Middle Initial) <b>C. Platinum Plus For Business - Credit Card</b>		<b>Transaction ID:</b> 70404.E3251 Date of Disbursement 01 / 04 / 2007	
Mailing Address PO Box 15469		Amount of Each Disbursement this Period 6677.74	
City Wilmington State DE Zip Code 19850-5469	Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	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) ▼	CREDIT CARD: SEE BELOW	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7157.74
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s)  
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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

Full Name (Last, First, Middle Initial) <b>A. Dollar Rent-A-Car</b>		<b>Transaction ID:</b> 70413.E3289 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address multiple locations		Amount of Each Disbursement this Period 598.57
City State Zip Code -	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENTAL CAR - TRAVEL EXPENSE	Category/ Type	<b>[MEMO ITEM]</b> MEMO: RENTAL CAR - TRAVEL EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Budget Rent-a-car</b>		<b>Transaction ID:</b> 70413.E3291 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address multiple locations		Amount of Each Disbursement this Period 341.40
City State Zip Code -	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAR RENTAL - TRAVEL EXPENSE	Category/ Type	<b>[MEMO ITEM]</b> MEMO: CAR RENTAL - TRAVEL EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Amazon</b>		<b>Transaction ID:</b> 70413.E3307 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 951 South George Mason Dr		Amount of Each Disbursement this Period 100.00
City State Zip Code Arlington VA 22204-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRANSPORTATION	Category/ Type	<b>[MEMO ITEM]</b> MEMO: TRANSPORTATION
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Bellasera Resort</b>		Transaction ID: 70413.E3293 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 221 South 9th Street		Amount of Each Disbursement this Period 202.40
City Naples State FL Zip Code 34102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LODGING	Candidate Name	<b>[MEMO ITEM]</b> MEMO: LODGING
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Governors Inn</b>		Transaction ID: 70413.E3290 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 209 S. Adams Street		Amount of Each Disbursement this Period 177.29
City Tallahassee State FL Zip Code 32301-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LODGING - TRAVEL EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: LODGING - TRAVEL EXPENSE
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Stoneys Sports Cafe</b>		Transaction ID: 70413.E3292 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 21253 Stoneybrook Golf Blv		Amount of Each Disbursement this Period 2209.24
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 FUNDRAISING EVENT	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EVENT
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<p><b>A. Stoneys Sports Cafe</b></p> <p>Full Name (Last, First, Middle Initial) Stoneys Sports Cafe</p> <p>Mailing Address 21253 Stoneybrook Golf Blv</p> <p>City Estero State FL Zip Code 33928-</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 70413.E3285</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="43.76"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: MEALS</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. BWI Parking Garage</b></p> <p>Full Name (Last, First, Middle Initial) BWI Parking Garage</p> <p>Mailing Address BWI Airport</p> <p>City State Zip Code -</p> <p>Purpose of Disbursement PARKING - TRAVEL EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 70413.E3302</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="80.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: PARKING - TRAVEL EXPENSE</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Cingular Wireless</b></p> <p>Full Name (Last, First, Middle Initial) Cingular Wireless</p> <p>Mailing Address PO Box 31488</p> <p>City Tampa State FL Zip Code 33631-3488</p> <p>Purpose of Disbursement CELL PHONE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 70413.E3308</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="419.99"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: CELL PHONE</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		<b>Transaction ID:</b> 70413.E3301 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 132.93
City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: CELL PHONE
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. ExxonMobil</b>		<b>Transaction ID:</b> 70413.E3296 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address Various Locations		Amount of Each Disbursement this Period 36.00
City State Zip Code -	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GAS - TRAVEL EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: GAS - TRAVEL EXPENSE
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		<b>Transaction ID:</b> 70413.E3303 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 304.30
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 AIR TRAVEL	Candidate Name	<b>[MEMO ITEM]</b> MEMO: AIR TRAVEL
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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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

Full Name (Last, First, Middle Initial) <b>A. Homewood Suites</b>		Transaction ID: 70413.E3299 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 2987 Apalachee Parkway		Amount of Each Disbursement this Period 1546.51
City Tallahassee State FL Zip Code 32301-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LODGING	Candidate Name	<b>[MEMO ITEM]</b> MEMO: LODGING
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Platinum Plus For Business - Credit Card</b>		Transaction ID: 70404.E3252 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address PO Box 15469		Amount of Each Disbursement this Period 4909.16
City Wilmington State DE Zip Code 19850-5469	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD: SEE BELOW	Candidate Name	CREDIT CARD: SEE BELOW
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Amazon</b>		Transaction ID: 70413.E3309 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 951 South George Mason Dr		Amount of Each Disbursement this Period 453.00
City Arlington State VA Zip Code 22204-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRANSPORTATION	Candidate Name	<b>[MEMO ITEM]</b> MEMO: TRANSPORTATION
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4909.16
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Avis Rent-A-Car</b>		<b>Transaction ID:</b> 70413.E3325 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address multiple locations		Amount of Each Disbursement this Period 262.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code -	Purpose of Disbursement CAR RENTAL 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>[MEMO ITEM]</b> MEMO: CAR RENTAL

Full Name (Last, First, Middle Initial) <b>B. Best Buy</b>		<b>Transaction ID:</b> 70413.E3321 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 5019 S. Cleveland Avenue		Amount of Each Disbursement this Period 29.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Fort Myers FL 33907-	Purpose of Disbursement OFFICE EQUIPMENT 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>[MEMO ITEM]</b> MEMO: OFFICE EQUIPMENT

Full Name (Last, First, Middle Initial) <b>C. Best Buy</b>		<b>Transaction ID:</b> 70413.E3323 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 5019 S. Cleveland Avenue		Amount of Each Disbursement this Period 408.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Fort Myers FL 33907-	Purpose of Disbursement OFFICE EQUIPMENT 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>[MEMO ITEM]</b> MEMO: OFFICE EQUIPMENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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

<p><b>A. Governors Inn</b></p> <p>Full Name (Last, First, Middle Initial) Governors Inn</p> <p>Mailing Address 209 S. Adams Street</p> <p>City Tallahassee State FL Zip Code 32301-</p> <p>Purpose of Disbursement LODGING - TRAVEL EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 70413.E3328</p> <p>Date of Disbursement 02 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 605.96</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: LODGING - TRAVEL EXPENSE</p>
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<p><b>B. Staples</b></p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address multiple locations</p> <p>City State Zip Code -</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 70413.E3314</p> <p>Date of Disbursement 02 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 59.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES</p>
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<p><b>C. Cingular Wireless</b></p> <p>Full Name (Last, First, Middle Initial) Cingular Wireless</p> <p>Mailing Address PO Box 31488</p> <p>City Tampa State FL Zip Code 33631-3488</p> <p>Purpose of Disbursement CELL PHONE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 70413.E3311</p> <p>Date of Disbursement 02 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 84.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: CELL PHONE</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# 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

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Transaction ID: 70413.E3324 Date of Disbursement 02 / 01 / 2007	
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 1194.90	
City Pittsburgh State PA Zip Code 15220-	Purpose of Disbursement MULTIPLE AIR TRAVEL EXPENSES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: MULTIPLE AIR TRAVEL EXPENSES	

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 70413.E3313 Date of Disbursement 02 / 01 / 2007	
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 358.70	
City Pittsburgh State PA Zip Code 15220-	Purpose of Disbursement AIR TRAVEL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: AIR TRAVEL	

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 70413.E3329 Date of Disbursement 02 / 01 / 2007	
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 278.30	
City Pittsburgh State PA Zip Code 15220-	Purpose of Disbursement AIR TRAVEL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: AIR TRAVEL	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Transaction ID: 70413.E3317 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address multiple locations		Amount of Each Disbursement this Period 78.00
City State Zip Code -	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DC PO BOX RENEWAL	Candidate Name	<b>[MEMO ITEM]</b> MEMO: DC PO BOX RENEWAL
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. US House Members Dining</b>		Transaction ID: 70413.E3312 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address		Amount of Each Disbursement this Period 550.00
City State Zip Code Washington DC 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Candidate Name	<b>[MEMO ITEM]</b> 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Thaipoon Thai Restaurant</b>		Transaction ID: 70413.E3315 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 1301 South Joyce St		Amount of Each Disbursement this Period 41.61
City State Zip Code Arlington VA 22202-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Candidate Name	<b>[MEMO ITEM]</b> 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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Thaipoon Thai Restaurant</b>		<b>Transaction ID:</b> 70413.E3310 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 1301 South Joyce St		Amount of Each Disbursement this Period 71.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22202-	<b>[MEMO ITEM]</b> MEMO: MEALS	
Purpose of Disbursement 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) ▼

Full Name (Last, First, Middle Initial) <b>B. Arent Fox LLP</b>		<b>Transaction ID:</b> 70404.E3205 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 1050 Connecticut Ave NW		Amount of Each Disbursement this Period 2714.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20036-5308	ACCOUNTING AND LEGAL SERVICES	
Purpose of Disbursement ACCOUNTING AND LEGAL SERVICES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Arent Fox LLP</b>		<b>Transaction ID:</b> 70404.E3241 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1050 Connecticut Ave NW		Amount of Each Disbursement this Period 2717.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20036-5308	ACCOUNTING AND LEGAL SERVICES	
Purpose of Disbursement ACCOUNTING AND LEGAL SERVICES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5432.39
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Aristotle International</b>		<b>Transaction ID:</b> 70404.E3223 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 205 Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 2100.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DATABASE	Candidate Name	DATABASE
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Capital One</b>		<b>Transaction ID:</b> 70404.E3247 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address P. O. Box 60024		Amount of Each Disbursement this Period 1236.29
City City Of Industry State CA Zip Code 91716-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD: SEE BELOW	Candidate Name	CREDIT CARD: SEE BELOW
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. P.F. Changs China Bistro</b>		<b>Transaction ID:</b> 70413.E3262 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 10840 Tamiami Trail North		Amount of Each Disbursement this Period 240.00
City Naples State FL Zip Code 34109-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS - STAFF	Candidate Name	<b>[MEMO ITEM]</b> MEMO: MEALS - STAFF
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3336.29
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Collier County REC</b>		Transaction ID: 70413.E3273 Date of Disbursement MM / DD / YYYY 01 / 18 / 2007	
Mailing Address P. O. Box 7367		Amount of Each Disbursement this Period 28.00	
City Naples State FL Zip Code 34101-	Purpose of Disbursement WOMENS CLUB EVENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: WOMENS CLUB EVENT	

Full Name (Last, First, Middle Initial) <b>B. Collier County REC</b>		Transaction ID: 70413.E3265 Date of Disbursement MM / DD / YYYY 01 / 18 / 2007	
Mailing Address P. O. Box 7367		Amount of Each Disbursement this Period 15.00	
City Naples State FL Zip Code 34101-	Purpose of Disbursement MENS CLUB BREAKFAST MEETING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: MENS CLUB BREAKFAST MEETING	

Full Name (Last, First, Middle Initial) <b>C. Collier County REC</b>		Transaction ID: 70413.E3266 Date of Disbursement MM / DD / YYYY 01 / 18 / 2007	
Mailing Address P. O. Box 7367		Amount of Each Disbursement this Period 50.00	
City Naples State FL Zip Code 34101-	Purpose of Disbursement ELECTION NIGHT PARTY	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: ELECTION NIGHT PARTY	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Lee County REC</b>		Transaction ID: 70413.E3272 Date of Disbursement 01 / 18 / 2007	
Mailing Address P. O. Box 61465		Amount of Each Disbursement this Period 200.00	
City Fort Myers State FL Zip Code 33906-	Purpose of Disbursement LINCOLN DAY DINNER	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: LINCOLN DAY DINNER	

Full Name (Last, First, Middle Initial) <b>B. Lee County REC</b>		Transaction ID: 70413.E3264 Date of Disbursement 01 / 18 / 2007	
Mailing Address P. O. Box 61465		Amount of Each Disbursement this Period 15.00	
City Fort Myers State FL Zip Code 33906-	Purpose of Disbursement BREAKFAST MEETING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: BREAKFAST MEETING	

Full Name (Last, First, Middle Initial) <b>C. Target</b>		Transaction ID: 70413.E3258 Date of Disbursement 01 / 18 / 2007	
Mailing Address 13711 S. Tamiami Trail		Amount of Each Disbursement this Period 31.43	
City Fort Myers State FL Zip Code 33912-	Purpose of Disbursement LEADERSHIP COLLIER SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: LEADERSHIP COLLIER SUPPLIES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Publix</b>		Transaction ID: 70413.E3257 Date of Disbursement 01 / 18 / 2007
Mailing Address Colonial Crossings		Amount of Each Disbursement this Period 199.59
City Ft. Myers State FL Zip Code -	Purpose of Disbursement ELECTION NIGHT SUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: ELECTION NIGHT SUPPLIES

Full Name (Last, First, Middle Initial) <b>B. Vergina</b>		Transaction ID: 70413.E3260 Date of Disbursement 01 / 18 / 2007
Mailing Address 700 5th Ave S		Amount of Each Disbursement this Period 83.43
City Naples State FL Zip Code 34102-6604	Purpose of Disbursement FUNDRAISING SUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUNDRAISING SUPPLIES

Full Name (Last, First, Middle Initial) <b>C. Cingular Wireless</b>		Transaction ID: 70404.E3204 Date of Disbursement 01 / 04 / 2007
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 533.64
City Tampa State FL Zip Code 33631-3488	Purpose of Disbursement CELL PHONE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELL PHONE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	533.64
<b>TOTAL</b> 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)

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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

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		<b>Transaction ID:</b> 70404.E3215 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 487.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tampa State FL Zip Code 33631-3488	Category/Type	
Purpose of Disbursement CELL PHONE	Candidate Name	CELL PHONE
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cingular Wireless</b>		<b>Transaction ID:</b> 70404.E3244 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 119.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tampa State FL Zip Code 33631-3488	Category/Type	
Purpose of Disbursement CELL PHONE	Candidate Name	CELL PHONE
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Line 1 Communications</b>		<b>Transaction ID:</b> 70404.E3209 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 3400 Birchwood Manor		Amount of Each Disbursement this Period 827.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tallahassee State FL Zip Code 32312-	Category/Type	
Purpose of Disbursement FAX/EMAIL SERVICES	Candidate Name	FAX/EMAIL SERVICES
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1434.89
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

Full Name (Last, First, Middle Initial) <b>A. SCM Associates, Inc.</b>		<b>Transaction ID:</b> 70404.E3207 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 1283 Main Street PO Box 254		Amount of Each Disbursement this Period 2114.14
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		DIRECT MAIL AND TELEMARKETING
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. SCM Associates, Inc.</b>		<b>Transaction ID:</b> 70404.E3217 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 1283 Main Street PO Box 254		Amount of Each Disbursement this Period 6122.44
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		DIRECT MAIL AND TELEMARKETING
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. SCM Associates, Inc.</b>		<b>Transaction ID:</b> 70404.E3243 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 1283 Main Street PO Box 254		Amount of Each Disbursement this Period 9316.41
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		DIRECT MAIL AND TELEMARKETING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	17552.99
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Southwest Direct</b>		<b>Transaction ID:</b> 70404.E3225 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 427.83
City Fort Myers State FL Zip Code 33912-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INVITATIONS	Candidate Name	INVITATIONS
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Southwest Direct</b>		<b>Transaction ID:</b> 70404.E3226 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 765.45
City Fort Myers State FL Zip Code 33912-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INVITATIONS	Candidate Name	INVITATIONS
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Southwest Direct</b>		<b>Transaction ID:</b> 70404.E3227 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 7037.95
City Fort Myers State FL Zip Code 33912-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DIRECT MAIL SERVICES	Candidate Name	DIRECT MAIL SERVICES
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8231.23</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Southwest Direct</b>		<b>Transaction ID:</b> 70404.E3236 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 5073.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Myers State FL Zip Code 33912-	Purpose of Disbursement DIRECT MAIL 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) ▼	DIRECT MAIL SERVICES

Full Name (Last, First, Middle Initial) <b>B. Southwest Direct</b>		<b>Transaction ID:</b> 70404.E3246 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 2395.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Myers State FL Zip Code 33912-	Purpose of Disbursement DIRECT MAIL 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) ▼	DIRECT MAIL SERVICES

Full Name (Last, First, Middle Initial) <b>C. Sprint - Embarq</b>		<b>Transaction ID:</b> 70404.E3208 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address P.O. Box 740602		Amount of Each Disbursement this Period 80.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45274-	Purpose of Disbursement TELEPHONE 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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7549.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Sprint - Embarq</b>		<b>Transaction ID:</b> 70404.E3218 Date of Disbursement
Mailing Address P.O. Box 740602		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
City Cincinnati	State OH	Zip Code 45274-
Purpose of Disbursement TELEPHONE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="80.77"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	TELEPHONE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sprint - Embarq</b>		<b>Transaction ID:</b> 70404.E3237 Date of Disbursement
Mailing Address P.O. Box 740602		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
City Cincinnati	State OH	Zip Code 45274-
Purpose of Disbursement TELEPHONE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="80.62"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	TELEPHONE
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stone Group, LLC</b>		<b>Transaction ID:</b> 70404.E3211 Date of Disbursement
Mailing Address 5701 Bayview Drive		<input type="text" value="01"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
City Fort Lauderdale	State FL	Zip Code 33308-
Purpose of Disbursement CAMPAIGN/FUNDRAISING CONSULTING	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	CAMPAIGN/FUNDRAISING CONS- ULTING
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5161.39"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stone Group, LLC</b>		Transaction ID: 70404.E3212 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7	
Mailing Address 5701 Bayview Drive		Amount of Each Disbursement this Period 6000.00	
City Fort Lauderdale State FL Zip Code 33308-	Purpose of Disbursement CAMPAIGN/FUNDRAISING CONSULTING FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	CAMPAIGN/FUNDRAISING CONSULTING FEE	

Full Name (Last, First, Middle Initial) <b>B. Stone Group, LLC</b>		Transaction ID: 70404.E3221 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7	
Mailing Address 5701 Bayview Drive		Amount of Each Disbursement this Period 5000.00	
City Fort Lauderdale State FL Zip Code 33308-	Purpose of Disbursement CAMPAIGN/FUNDRAISING CONSULTING FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	CAMPAIGN/FUNDRAISING CONSULTING FEE	

Full Name (Last, First, Middle Initial) <b>C. Stone Group, LLC</b>		Transaction ID: 70404.E3242 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7	
Mailing Address 5701 Bayview Drive		Amount of Each Disbursement this Period 5000.00	
City Fort Lauderdale State FL Zip Code 33308-	Purpose of Disbursement CAMPAIGN/FUNDRAISING CONSULTING FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	CAMPAIGN/FUNDRAISING CONSULTING FEE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	16000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Stone Group, LLC</b>		<b>Transaction ID:</b> 70404.E3245 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 5701 Bayview Drive		Amount of Each Disbursement this Period 5000.00
City Fort Lauderdale State FL Zip Code 33308-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN/FUNDRAISING CONSULTING FEE		CAMPAIGN/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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Stone Group, LLC</b>		<b>Transaction ID:</b> 70404.E3201 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address 5701 Bayview Drive		Amount of Each Disbursement this Period 25230.99
City Fort Lauderdale State FL Zip Code 33308-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING EXPENSES - CATERING LO		FUNDRAISING EXPENSES - CATERING LO
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. SunTrust Credit Card</b>		<b>Transaction ID:</b> 70404.E3248 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address PO Box 791250		Amount of Each Disbursement this Period 464.01
City Baltimore State MD Zip Code 21279-1250	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD: SEE BELOW		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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	30695.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER: (check only one)

PAGE 108 / 114

<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

Full Name (Last, First, Middle Initial) <b>A. Bonita Springs Self Storage</b>		Transaction ID: 70413.E3274 Date of Disbursement 01 / 04 / 2007
Mailing Address 8953 Terrene Court		Amount of Each Disbursement this Period 157.94
City Bonita Springs State FL Zip Code 34135-	Purpose of Disbursement STORAGE 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: STORAGE

Full Name (Last, First, Middle Initial) <b>B. Cingular Wireless</b>		Transaction ID: 70413.E3275 Date of Disbursement 01 / 04 / 2007
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 166.14
City Tampa State FL Zip Code 33631-3488	Purpose of Disbursement CELL PHONE 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CELL PHONE

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Transaction ID: 70413.E3276 Date of Disbursement 01 / 04 / 2007
Mailing Address 131 North Court House Rd		Amount of Each Disbursement this Period 126.37
City Arlington State VA Zip Code 22201-	Purpose of Disbursement CELL PHONE 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CELL PHONE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)

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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

Full Name (Last, First, Middle Initial) <b>A. SunTrust Credit Card</b>		<b>Transaction ID:</b> 70404.E3249 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address PO Box 791250		Amount of Each Disbursement this Period 682.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21279-1250	Category/Type	
Purpose of Disbursement CREDIT CARD: SEE BELOW		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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bonita Springs Self Storage</b>		<b>Transaction ID:</b> 70413.E3278 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 8953 Terrene Court		Amount of Each Disbursement this Period 157.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bonita Springs State FL Zip Code 34135-	Category/Type	
Purpose of Disbursement STORAGE		[MEMO ITEM] MEMO: STORAGE
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Capitol Hill Club</b>		<b>Transaction ID:</b> 70413.E3277 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 300 First Street, S.E.		Amount of Each Disbursement this Period 230.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Category/Type	
Purpose of Disbursement MEALS		[MEMO ITEM] MEMO: MEALS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	682.38
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		Transaction ID: 70413.E3279 Date of Disbursement 02 / 01 / 2007
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 168.01
City Tampa State FL Zip Code 33631-3488	Purpose of Disbursement CELL PHONE 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CELL PHONE

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Transaction ID: 70413.E3280 Date of Disbursement 02 / 01 / 2007
Mailing Address 131 North Court House Rd		Amount of Each Disbursement this Period 126.37
City Arlington State VA Zip Code 22201-	Purpose of Disbursement CELL PHONE 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CELL PHONE

Full Name (Last, First, Middle Initial) <b>C. SunTrust Credit Card</b>		Transaction ID: 70404.E3250 Date of Disbursement 03 / 01 / 2007
Mailing Address PO Box 791250		Amount of Each Disbursement this Period 575.57
City Baltimore State MD Zip Code 21279-1250	Purpose of Disbursement CREDIT CARD: SEE BELOW 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	575.57
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Bonita Springs Self Storage</b>		Transaction ID: 70413.E3282 Date of Disbursement 03 / 01 / 2007	
Mailing Address 8953 Terrene Court		Amount of Each Disbursement this Period 157.94	
City Bonita Springs State FL Zip Code 34135-	Purpose of Disbursement STORAGE	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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>[MEMO ITEM]</b> MEMO: STORAGE	

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Transaction ID: 70413.E3281 Date of Disbursement 03 / 01 / 2007	
Mailing Address 300 First Street, S.E.		Amount of Each Disbursement this Period 124.96	
City Washington State DC Zip Code 20003-	Purpose of Disbursement MEALS	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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>[MEMO ITEM]</b> MEMO: MEALS	

Full Name (Last, First, Middle Initial) <b>C. Cingular Wireless</b>		Transaction ID: 70413.E3283 Date of Disbursement 03 / 01 / 2007	
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 166.30	
City Tampa State FL Zip Code 33631-3488	Purpose of Disbursement CELL PHONE	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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>[MEMO ITEM]</b> MEMO: CELL PHONE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Transaction ID: 70413.E3284 Date of Disbursement 03 / 01 / 2007
Mailing Address 131 North Court House Rd		Amount of Each Disbursement this Period 126.37
City Arlington State VA Zip Code 22201-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: CELL PHONE
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. The UPS Store</b>		Transaction ID: 70404.E3235 Date of Disbursement 03 / 01 / 2007
Mailing Address 5100 S. Cleveland Avenue, #318		Amount of Each Disbursement this Period 100.00
City Fort Myers State FL Zip Code 33907-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PO BOX RENEWAL AND FORWARDING	Candidate Name	PO BOX RENEWAL AND FORWARDING
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Transaction ID: 70404.E3240 Date of Disbursement 03 / 01 / 2007
Mailing Address multiple locations		Amount of Each Disbursement this Period 132.00
City State Zip Code -	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FL PO BOX RENEWAL	Candidate Name	FL PO BOX RENEWAL
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	232.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 113 / 114

<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)  
Yuma Solutions, Inc.

Mailing Address 1922 Miccosukee Road

City Tallahassee State FL Zip Code 32308-

Purpose of Disbursement  
COMPUTER MAINTENANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 70404.E3213  
Date of Disbursement

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

Amount of Each Disbursement this Period

549.75
--------

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

COMPUTER MAINTENANCE

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

Mailing Address 1922 Miccosukee Road

City Tallahassee State FL Zip Code 32308-

Purpose of Disbursement  
COMPUTER MAINTENANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 70404.E3232  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	0	7

Amount of Each Disbursement this Period

487.25
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Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

COMPUTER MAINTENANCE

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

1037.00
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**TOTAL** This Period (last page this line number only) ..... ►

133974.38
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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)

PAGE 114 / 114

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)  
**A.** Vern Buchanan for Congress

Mailing Address PO Box 48928

City State Zip Code  
Sarasota FL 34230-

Purpose of Disbursement  
PRIMARY 06 DEBT RETIREMENT

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 70404.E3200  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....