

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) P.O. Box 519  
 Check if different than previously reported. (ACC)  
Naples FL 34106

2. **FEC IDENTIFICATION NUMBER** C00391243 **CITY** **STATE** FL **ZIP CODE** 34106  
3. **IS THIS REPORT**  **NEW (N)** **OR**  **AMENDED (A)** **STATE** FL **DISTRICT** 14

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

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

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

5. Covering Period 04 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Craig Engle

Signature of Treasurer Electronically Filed by Craig Engle Date 08 20 2007

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

Office Use Only							
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Friends of Connie Mack

Report Covering the Period:

From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

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)).....	153989.49	365085.50
(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)).....	153989.49	365085.50
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	88956.35	290471.15
(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)).....	88956.35	290471.15
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>332203.37</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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

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).....

100350.00

246975.00

(ii) Unitemized.....

7051.49

18292.49

(iii) TOTAL of contributions

107401.49

265267.49

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

46588.00

99818.01

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

153989.49

365085.50

(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)..... ▶

153989.49

365085.50

**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.....	88956.35	290471.15
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.....	0.00	2100.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	88956.35	292571.15

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	267170.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	153989.49
25. SUBTOTAL (add Line 23 and Line 24).....	421159.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	88956.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	332203.37

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)**  
**(Millionaires' Amendment)**

<b>Name of Candidate</b>		<b>Candidate ID Number</b>	
Connie Mack		H4FL14059	
<b>Name of Principal Campaign Committee</b>		<b>Committee ID Number</b>	
Friends of Connie Mack		C C00391243	
<b>Committee Address</b>			
P.O. Box 519			
<b>City</b>	<b>State</b>	<b>ZIP</b>	
Naples	FL	34106-	
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election			
	<b>Primary</b>	<b>General</b>	
1. Gross receipts of authorized committees .....	292618.50	71442.00	
2. Aggregate amount of contributions from personal funds of the candidate .....	0.00	0.00	
3. Gross receipts minus the candidate's personal contributions .....	292618.50	71442.00	

**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 6 / 126
	<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)  
Gencarelli Group

Mailing Address 209 Pennsylvania Ave, SE

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

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

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2007

**Transaction ID:** 70713.C17324

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)  
Daniel Adams

Mailing Address 2180 West First Street Suite 212

City Fort Myers State FL Zip Code 33901

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

Name of Employer George E. Adams, Inc. Occupation realtor

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

Election Cycle-to-Date 50.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 27 / 2007

**Transaction ID:** 70523.C17037

Amount of Each Receipt this Period  
 50.00

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

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

Mailing Address 2180 West First Street Suite 212

City Fort Myers State FL Zip Code 33901

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

Name of Employer George E. Adams, Inc. Occupation realtor

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

Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 22 / 2007

**Transaction ID:** 70713.C17236

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) ..... **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 7 / 126
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Richard Alcalde		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address 7442 Old Maple Square		Transaction ID: 70713.C17051	
City State Zip Code Mc Lean VA 22102		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Potomac Partners DC Occupation president		Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	
Election Cycle-to-Date 500.00			

Full Name (Last, First, Middle Initial) <b>B.</b> John N. Allen		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 3 / 2 0 0 7	
Mailing Address 100 Kingstown Drive		Transaction ID: 70713.C17264	
City State Zip Code Naples FL 34102		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self-employed Occupation real estate developer		Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	
Election Cycle-to-Date 500.00			

Full Name (Last, First, Middle Initial) <b>C.</b> Mary Bahn		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 7	
Mailing Address 5075 Joewood Drive		Transaction ID: 70523.C17031	
City State Zip Code Sanibel FL 33957		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Occupation Information Requested		Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	
Election Cycle-to-Date 275.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1025.00
<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 8 / 126
	<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

Full Name (Last, First, Middle Initial) <b>A. Sam Bailey</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2007
Mailing Address 2589 West Gulf Drive		Transaction ID: 70713.C17166
City State Zip Code Sanibel FL 33957	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer retired	Occupation retired	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. David Barton</b>		Date of Receipt MM / DD / YYYY 05 / 23 / 2007
Mailing Address 5718 Driftwood Parkway		Transaction ID: 70713.C17093
City State Zip Code Cape Coral FL 33904	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer North Cape Ind. Ltd.	Occupation Industrial Developer	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. William Barton</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2007
Mailing Address 605 Palm Cir E.		Transaction ID: 70713.C17265
City State Zip Code Naples FL 34102	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer retired	Occupation retired	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Election Cycle-to-Date 750.00	

<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 9 / 126
	<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

Full Name (Last, First, Middle Initial) <b>A. George Beasley</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 3033 Riviera Drive Suite 200		Transaction ID: 70523.C17038	
City State Zip Code Naples FL 34103		Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Beasley Broadcast Group, Inc.	Occupation ceo		
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008	Election Cycle-to-Date ▼ 2300.00		

Full Name (Last, First, Middle Initial) <b>B. Clark Berry</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 7	
Mailing Address 1277 Hanton Ave		Transaction ID: 70713.C17225	
City State Zip Code Fort Myers FL 33901-6716		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested	Occupation attorney		
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008	Election Cycle-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) <b>C. Douglas Berthiaume</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 5 / 2 0 0 7	
Mailing Address 18 Buttonwood Drive		Transaction ID: 70713.C17155	
City State Zip Code Andover MA 01810		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Waters Corp.	Occupation ceo		
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008	Election Cycle-to-Date ▼ 500.00		

<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 10 / 126
	<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)  
Gary Bickel

Mailing Address 27588 Bayview Drive, S.W.

City State Zip Code  
Bonita Springs FL 34134

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

Name of Employer Occupation  
retired retired

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

750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 7

Transaction ID: 70713.C17073

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)  
Ilene Bickel

Mailing Address 27588 Bayview Drive, S.W.

City State Zip Code  
Bonita Springs FL 34134

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

Name of Employer Occupation  
Collier County teacher

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

250.00

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

Transaction ID: 70713.C17180

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)  
Eleanor C. Blitzer

Mailing Address 1248 Shadow Lane

City State Zip Code  
Fort Myers FL 33901

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

Name of Employer Occupation  
n/a homemaker

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 7

Transaction ID: 70713.C17111

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) .....	▶	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: <span style="float: right;">PAGE 11 / 126</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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Peter H. Blitzer</p> <p>Mailing Address 1248 Shadow Lane</p> <p>City State Zip Code Fort Myers FL 33901</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer 21st Century</p> <p>Occupation physician</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) ▼                  Primary 2008</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 9 / 2 0 0 7</p> <p><b>Transaction ID:</b> 70713.C17110</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Stuart Bobman</p> <p>Mailing Address 813 Cape View Drive</p> <p>City State Zip Code Fort Myers FL 33919</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Radiology Regional Center</p> <p>Occupation physician</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) ▼                  Primary 2008</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 9 / 2 0 0 7</p> <p><b>Transaction ID:</b> 70713.C17084</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Richard Bolen</p> <p>Mailing Address 616 Putter Point Place</p> <p>City State Zip Code Naples FL 34103</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Downing &amp; Frye Realty, In-c.</p> <p>Occupation realtor</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) ▼                  Primary 2008</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 7</p> <p><b>Transaction ID:</b> 70713.C17200</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<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 12 / 126
	<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)  
Norman Braman

Mailing Address 2060 Biscayne Blvd., 2nd Floor

City State Zip Code  
Miami FL 33137

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

Name of Employer  
Self Employed

Occupation  
auto dealer

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 16 / 2007

Transaction ID: 70417.C16948

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)  
Melville G. Brinson

Mailing Address 2228 Palm Avenue

City State Zip Code  
Saint James City FL 33956

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

Name of Employer  
Adams, Fiechthaler & Brinson

Occupation  
attorney

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

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 15 / 2007

Transaction ID: 70713.C17072

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)  
Melville G. Brinson

Mailing Address 2228 Palm Avenue

City State Zip Code  
Saint James City FL 33956

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

Name of Employer  
Adams, Fiechthaler & Brinson

Occupation  
attorney

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 13 / 2007

Transaction ID: 70713.C17256

Amount of Each Receipt this Period  
150.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

**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 13 / 126
	<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)  
Barbara Cameratta

Mailing Address

City State Zip Code  
Brecksville OH 44141

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

Name of Employer Occupation  
Homemaker homemaker

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

Election Cycle-to-Date **500.00**

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2007

Transaction ID: 70713.C17238

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)  
Joseph Cameratta

Mailing Address

City State Zip Code  
Brecksville OH 44141

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

Name of Employer Occupation  
Self Employed developer

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

Election Cycle-to-Date **500.00**

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2007

Transaction ID: 70713.C17237

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)  
Tracey C. Caruso

Mailing Address 15400 Sweetwater Court

City State Zip Code  
Fort Myers FL 33912

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

Name of Employer Occupation  
self-employed insurance

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

Election Cycle-to-Date **500.00**

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2007

Transaction ID: 70713.C17067

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) ..... **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 14 / 126
	<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)  
Ronald Castellanos

Mailing Address 507 Del Prado Blvd. S

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) ▼  
 Primary 2008

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 7

Transaction ID: 70713.C17095

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)  
Andrew Chicone

Mailing Address 8380 Casa Del Rio Ln

City State Zip Code  
Fort Myers FL 33919

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

Name of Employer Self Employed Occupation Mortgage Broker

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

Election Cycle-to-Date ▼  
400.00

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

Transaction ID: 70713.C17239

Amount of Each Receipt this Period  
400.00

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

**C.** Full Name (Last, First, Middle Initial)  
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) ▼  
 Primary 2008

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 7

Transaction ID: 70713.C17292

Amount of Each Receipt this Period  
1500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2400.00**

**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 15 / 126
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Barron Collier Mailing Address 2600 Golden Gate Pkwy. City Naples State FL Zip Code 34105 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> 70713.C17284 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Barron Collier Co. general partner Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008 1750.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Miles Collier Mailing Address 2600 Golden Gate Parkway City Naples State FL Zip Code 34105 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 8 / 2 0 0 7 <b>Transaction ID:</b> 70713.C17291 Amount of Each Receipt this Period 1500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation retired retired Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008 2000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Parker J. Collier Mailing Address 3001 Tamiami Trail N., Ste. 207 City Naples State FL Zip Code 34103 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 8 / 2 0 0 7 <b>Transaction ID:</b> 70713.C17294 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation n/a homemaker Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2500.00</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 16 / 126
	<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)  
Theresa A. Collier

Mailing Address 3001 Tamiami Trail N., Ste. 207

City State Zip Code  
Naples FL 34103

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

Name of Employer n/a Occupation homemaker

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

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 18 / 2007

Transaction ID: 70713.C17293

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)  
Samantha Cook

Mailing Address 2425 L. Street NW #605

City State Zip Code  
Washington DC 20037

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

Name of Employer Fierce, Isakowitz & Blalock Occupation Government Affairs Director

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

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 07 / 2007

Transaction ID: 70713.C17203

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)  
Pat Corrigan

Mailing Address P. O. Box 690068

City State Zip Code  
Vero Beach FL 32969

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

Name of Employer self-employed Occupation grower/rancher

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

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 12 / 2007

Transaction ID: 70424.C17003

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 / 126
	<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)  
Pat Corrigan

Mailing Address P. O. Box 690068

City State Zip Code  
Vero Beach FL 32969

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

Name of Employer self-employed Occupation grower/rancher

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 18 / 2007

Transaction ID: 70713.C17217

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)  
Paul Crompton

Mailing Address 1342 Woodmere Lane

City State Zip Code  
Fort Myers FL 33919

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

Name of Employer Crompton Creative Advertising Occupation advertising

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 18 / 2007

Transaction ID: 70713.C17062

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)  
Frank DAlessandro

Mailing Address 14220 Royal Harbour Court # 510

City State Zip Code  
Fort Myers FL 33908

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

Name of Employer DAlessandro & Woodyard Occupation broker

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

2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 06 / 2007

Transaction ID: 70713.C17165

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2800.00**

**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 / 126
	<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)  
Frank DAlessandro

Mailing Address 14220 Royal Harbour Court # 510

City State Zip Code  
Fort Myers FL 33908

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

Name of Employer  
DAlessandro & Woodyard

Occupation  
broker

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

Election Cycle-to-Date ▼  
4600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 06 / 2007

Transaction ID: 70713.C17164

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)  
William S. Dalton

Mailing Address 505 S. Riverhills Drive

City State Zip Code  
Temple Terrace FL 33617

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

Name of Employer  
H. Lee Moffitt Cancer Center

Occupation  
physician

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 08 / 2007

Transaction ID: 70417.C16979

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)  
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  
Five County Ins. Agency, Inc.

Occupation  
insurance

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

Election Cycle-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 25 / 2007

Transaction ID: 70713.C17316

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) .....	▶	2650.00
<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 / 126
	<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 Foundation, In  
Occupation chairman

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

Election Cycle-to-Date **1100.00**

Date of Receipt  
04 / 28 / 2007

Transaction ID: 70523.C17033

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)  
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 Foundation, In  
Occupation chairman

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

Election Cycle-to-Date **1350.00**

Date of Receipt  
05 / 17 / 2007

Transaction ID: 70713.C17064

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)  
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 Foundation, In  
Occupation chairman

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

Election Cycle-to-Date **1600.00**

Date of Receipt  
06 / 24 / 2007

Transaction ID: 70713.C17271

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>600.00</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 20 / 126
	<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)  
W. Alan Dayton

Mailing Address 241 Tangier Avenue

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer self-employed Occupation investor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Primary 2008 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 7

Transaction ID: 70417.C16981

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)  
Gary H Delanois

Mailing Address 11600 Court Of Palms Apt 203

City State Zip Code  
Fort Myers FL 33908-6549

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

Name of Employer 21st Century Oncology Occupation administator

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 7

Transaction ID: 70713.C17078

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)  
Thomas Dickinson

Mailing Address 2229 McClellan Pkwy

City State Zip Code  
Sarasota FL 34239-3712

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) ▼ Primary 2008 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: 70713.C17258

Amount of Each Receipt this Period  
300.00

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>800.00</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 21 / 126</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

**A.** Full Name (Last, First, Middle Initial)  
Alan Dimmitt

Mailing Address 12361 Londonderry Ln

City State Zip Code  
Bonita Springs FL 34135-6368

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

Name of Employer Occupation  
Liberty Youth Ranch, Inc. executive

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 24 / 2007

**Transaction ID:** 70713.C17277

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)  
Celia B. Dosoretz

Mailing Address 13221 Ponderosa Way

City State Zip Code  
Fort Myers FL 33907

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

Name of Employer Occupation  
n/a homemaker

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

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 29 / 2007

**Transaction ID:** 70713.C17088

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)  
James L Dozier

Mailing Address 2150 Channel Way

City State Zip Code  
Fort Myers FL 33917-2514

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

Name of Employer Occupation  
retired retired

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

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 13 / 2007

**Transaction ID:** 70713.C17059

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) ..... ► **2750.00**

**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 22 / 126
	<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)  
Tully Dunlap

Mailing Address P. O. Box 430

City State Zip Code  
Labelle FL 33935

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

Name of Employer retired Occupation retired

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

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: 70713.C17056

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)  
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 retired Occupation retired

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

Election Cycle-to-Date ▼ 700.00

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

Transaction ID: 70713.C17119

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)  
J. David Eller

Mailing Address 281 S.E. 18th Avenue

City State Zip Code  
Deerfield Beach FL 33441

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

Name of Employer MWI Corporation Occupation president

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

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 70713.C17322

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 23 / 126
	<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

Full Name (Last, First, Middle Initial) Mark English		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 4 / 2 0 0 7	
Mailing Address 800 Laurel Oak Drive Suite 400		Transaction ID: 70713.C17272	
City State Zip Code Naples FL 34108		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Morgan Stanley senior vice president			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008		Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) William C. Ennen		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 3 / 2 0 0 7	
Mailing Address 3914 W. Riverside Drive		Transaction ID: 70713.C17232	
City State Zip Code Fort Myers FL 33901		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Information Requested Information Requested			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008		Election Cycle-to-Date 200.00	

Full Name (Last, First, Middle Initial) Edwardo Fernandez		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address 4351 N.E. 22nd Ave.		Transaction ID: 70713.C17102	
City State Zip Code Fort Lauderdale FL 33308-5629		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Information Requested Information Requested			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008		Election Cycle-to-Date 1000.00	

<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 24 / 126
	<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)  
Henry Fischer

Mailing Address PO Box 780068

City Sebastian State FL Zip Code 32978

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

Name of Employer Self Employed Occupation dentist

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

Election Cycle-to-Date 1000.00

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

Transaction ID: 70417.C16962

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)  
Todd Fitzgerald

Mailing Address 9300 Trians Terr #4

City Fort Myers State FL Zip Code 33912

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

Name of Employer First Home Builders Occupation real estate development

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

Election Cycle-to-Date 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 3 / 2 0 0 7

Transaction ID: 70713.C17223

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)  
Terrance R. Flynn

Mailing Address 3801 Fort Charles Drive

City Naples State FL Zip Code 34102

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

Name of Employer n/a Occupation retired

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

Election Cycle-to-Date 1500.00

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

Transaction ID: 70713.C17091

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 25 / 126
	<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)  
Terrance R. 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) Primary 2008

Election Cycle-to-Date 2000.00

Date of Receipt  
06 / 19 / 2007

Transaction ID: 70713.C17269

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)  
Victoria Ford

Mailing Address 4303 Forest Park Rd

City State Zip Code  
Jacksonville FL 32210

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

Name of Employer retired Occupation retired

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

Election Cycle-to-Date 500.00

Date of Receipt  
06 / 11 / 2007

Transaction ID: 70713.C17192

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)  
James Fournace

Mailing Address 5844 Cape Island Drive, #B

City State Zip Code  
Fort Myers FL 33919

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

Name of Employer Morgan Stanley Occupation financial advisor

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

Election Cycle-to-Date 200.00

Date of Receipt  
06 / 23 / 2007

Transaction ID: 70713.C17229

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) ..... **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 26 / 126
	<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

Full Name (Last, First, Middle Initial) <b>A. Lamar Gable</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2007	
Mailing Address 2600 Golden Gate Pkwy.		Transaction ID: 70713.C17285	
City State Zip Code Naples FL 34105		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Barron Collier Co. general partner			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008		Election Cycle-to-Date 1750.00	

Full Name (Last, First, Middle Initial) <b>B. Sam Galloway</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 24 / 2007	
Mailing Address P. O. Box 70		Transaction ID: 70713.C17099	
City State Zip Code Fort Myers FL 33902		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation self-employed auto dealer			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008		Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel Galmarini</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 29 / 2007	
Mailing Address 5051 Pelican Colony Blvd #1903		Transaction ID: 70713.C17107	
City State Zip Code Bonita Springs FL 34134		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation 21st Century Oncology Director of Phisicist			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008		Election Cycle-to-Date 500.00	

<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 27 / 126
	<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)  
John J. Gannon

Mailing Address 60 Seagate Drive  
Unit 1105

City Naples State FL Zip Code 34103

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

Name of Employer Self Employed Occupation consultant

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

Election Cycle-to-Date 500.00

Date of Receipt  
06 / 19 / 2007

Transaction ID: 70713.C17255

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)  
Janette Gaw

Mailing Address 13993 Avon Park Circle

City Fort Myers State FL Zip Code 33912-1916

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

Name of Employer Information Requested Occupation Information Requested

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

Election Cycle-to-Date 200.00

Date of Receipt  
05 / 29 / 2007

Transaction ID: 70713.C17116

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)  
Lee Gentil

Mailing Address 2440 Gordon Drive

City Naples State FL Zip Code 34102

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

Name of Employer retired Occupation retired

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

Election Cycle-to-Date 100.00

Date of Receipt  
04 / 05 / 2007

Transaction ID: 70417.C16953

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) ..... **800.00**

**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 / 126
	<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

Full Name (Last, First, Middle Initial) <b>A. Lee Gentil</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2007	
Mailing Address 2440 Gordon Drive		Transaction ID: 70713.C17120	
City State Zip Code Naples FL 34102	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer retired	Occupation retired		
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008	Election Cycle-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Dennis Gilkey</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2007	
Mailing Address 27850 Riverwalk Way		Transaction ID: 70713.C17318	
City State Zip Code Bonita Springs FL 34134-1675	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer The Bonita Bay Group	Occupation President/ CEO		
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008	Election Cycle-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. David Goldstein</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2007	
Mailing Address 392 Terracina Way		Transaction ID: 70713.C17250	
City State Zip Code Naples FL 34119	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Beasley Broadcast Group, Inc.	Occupation cfo		
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008	Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<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 29 / 126
	<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)  
J. Dudley Goodlette

Mailing Address 4001 Tamiami Trail, N. Ste 300

City State Zip Code  
Naples FL 34103

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

Name of Employer Occupation  
State of Florida state representative

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 7

Transaction ID: 70713.C17273

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)  
Ann G. Grady

Mailing Address 720 5th Ave S Ste 200

City State Zip Code  
Naples FL 34102-6623

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) ▼  
 Primary 2008

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 7

Transaction ID: 70713.C17206

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)  
Tim Graney

Mailing Address 12341 McGregor Palms Drive

City State Zip Code  
Fort Myers FL 33908

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

Name of Employer Occupation  
K Hovnanian First Homes, LLC cfo

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

200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 7

Transaction ID: 70713.C17230

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: (check only one)	PAGE 30 / 126
	<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)  
Edward C. Grendys Jr.

Mailing Address 28658 San Lucas Ln  
Apt 201

City State Zip Code  
Bonita Springs FL 34135-8334

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

Name of Employer Information Requested Occupation Information Requested

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

Election Cycle-to-Date ▼  
2008.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 7

Transaction ID: 70713.C17082

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)  
Angelica Guckes

Mailing Address 4351 N.E. 22nd Ave

City State Zip Code  
Fort Lauderdale FL 33308-5629

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

Name of Employer Information Requested Occupation Information Requested

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

Election Cycle-to-Date ▼  
2008.00

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

Transaction ID: 70713.C17101

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)  
Arnold Haake

Mailing Address 28614 Highgate Drive  
The Lake Club at Spanish Wells

City State Zip Code  
Bonita Springs FL 34135

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

Name of Employer Information Requested Occupation Information Requested  
Royal Palm Bank of Florida banker

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

Election Cycle-to-Date ▼  
2008.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 7

Transaction ID: 70713.C17240

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) ..... ► **1450.00**

**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: <span style="float: right;">PAGE 31 / 126</span>
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial) <b>A. Alexander Haig</b> Mailing Address 622 N. Flagler Drive Apt. 801 City State Zip Code West Palm Beach FL 33401 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7 <b>Transaction ID: 70417.C16947</b> Amount of Each Receipt this Period 500.00
Name of Employer Occupation Self Employed businessman Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008	Amount of Each Receipt this Period 500.00

Full Name (Last, First, Middle Initial) <b>B. Harold C Hanson</b> Mailing Address 24070 Copperleaf Blvd City State Zip Code Bonita Springs FL 34135-8169 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7 <b>Transaction ID: 70713.C17096</b> Amount of Each Receipt this Period 500.00
Name of Employer Occupation n/a Lawyer - retired Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008	Amount of Each Receipt this Period 500.00

Full Name (Last, First, Middle Initial) <b>C. Michael Hanus</b> Mailing Address 2028 Mission Dr. City State Zip Code Naples FL 34109 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7 <b>Transaction ID: 70713.C17109</b> Amount of Each Receipt this Period 500.00
Name of Employer Occupation Information Requested Information Requested Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008	Amount of Each Receipt this Period 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	500.00

**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 32 / 126
	<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)  
William Hendrickson

Mailing Address 160 Moorings Park Dr., #J305

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

200.00

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

Transaction ID: 70417.C16969

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)  
Eliot Hoffman

Mailing Address 15601 Queensferry Drive

City State Zip Code  
Fort Myers FL 33912

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

Name of Employer Occupation  
Cardiology Consultants physician

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 7

Transaction ID: 70713.C17077

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)  
Earl P Holland

Mailing Address 15270 Kilbirnie Drive

City State Zip Code  
Fort Myers FL 33912

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) ▼  
 Primary 2008

2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 7

Transaction ID: 70523.C17018

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2750.00**

**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 33 / 126
	<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)  
James Hull

Mailing Address PO Box 292

City State Zip Code  
Lehigh Acres FL 33970

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

Name of Employer Occupation  
AIM Engineering engineer

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2007

Transaction ID: 70713.C17306

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)  
James T Humphrey

Mailing Address 1657 Menlo Rd

City State Zip Code  
Fort Myers FL 33901-4921

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

Name of Employer Occupation  
City of Fort Myers/Fowler Whit Mayor/Attorney

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2007

Transaction ID: 70713.C17097

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)  
Nancy Humphrey

Mailing Address 1657 Menlo Road

City State Zip Code  
Fort Myers FL 33901

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

Name of Employer Occupation  
Homemaker homemaker

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2007

Transaction ID: 70713.C17098

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) .....	▶	750.00
<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 34 / 126
	<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)  
Constance Hunter

Mailing Address 4329 S Atlantic Ave

City State Zip Code  
Ponce Inlet FL 32127-6903

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

Name of Employer retired Occupation retired

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

Election Cycle-to-Date ▼  
150.00

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

Transaction ID: 70523.C17008

Amount of Each Receipt this Period  
50.00

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

**B.** Full Name (Last, First, Middle Initial)  
Constance Hunter

Mailing Address 4329 S Atlantic Ave

City State Zip Code  
Ponce Inlet FL 32127-6903

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

Name of Employer retired Occupation retired

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

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 0 7

Transaction ID: 70713.C17304

Amount of Each Receipt this Period  
50.00

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

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

Mailing Address 2260 48th Street, NW

City State Zip Code  
Washington DC 20007

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

Name of Employer Hurt, Norton & Associates, Inc Occupation consultant

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

Election Cycle-to-Date ▼  
500.00

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

Transaction ID: 70713.C17212

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) ..... ► **600.00**

**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: <span style="float: right;">PAGE 35 / 126</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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Keith Hussey</p> <p>Mailing Address 681 Goodlette Road North Suite 130</p> <p>City State Zip Code Naples FL 34102</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Employed      Occupation Self Employed      medical doctor</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) ▼                  Primary 2008</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 29 / 2007</span></p> <p><b>Transaction ID:</b> 70713.C17143</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Keith Hussey</p> <p>Mailing Address 681 Goodlette Road North Suite 130</p> <p>City State Zip Code Naples FL 34102</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Employed      Occupation Self Employed      medical doctor</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) ▼                  Primary 2008</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 23 / 2007</span></p> <p><b>Transaction ID:</b> 70713.C17209</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Bill Isaac</p> <p>Mailing Address 1209 Westway Drive</p> <p>City State Zip Code Sarasota FL 34236</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer The Secura Group      Occupation The Secura Group      chairman</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) ▼                  Primary 2008</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 15 / 2007</span></p> <p><b>Transaction ID:</b> 70713.C17262</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">3000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# 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 36 / 126
	<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)  
Thomas James

Mailing Address 9341 Silverthorn

City State Zip Code  
Largo FL 33777

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

Name of Employer Raymond James Financial Occupation CEO

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

Election Cycle-to-Date 500.00

Date of Receipt  
06 / 22 / 2007

Transaction ID: 70713.C17321

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)  
Aleix Jarvis

Mailing Address 1306 Claybore House Ct.

City State Zip Code  
Mc Lean VA 22101

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

Name of Employer Fierce, Isakowitz & Blalock Occupation Government Affairs Director

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

Election Cycle-to-Date 500.00

Date of Receipt  
06 / 08 / 2007

Transaction ID: 70713.C17202

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)  
James Jennings

Mailing Address 9209 Kincaid Court

City State Zip Code  
Sanibel FL 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) Primary 2008

Election Cycle-to-Date 275.00

Date of Receipt  
04 / 28 / 2007

Transaction ID: 70523.C17026

Amount of Each Receipt this Period  
25.00

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>1025.00</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 37 / 126
	<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)  
James Jessee

Mailing Address 1111 Spyglass Ln

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  
 Primary  General  
 Other (specify) ▼  
Primary 2008

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 21 / 2007

Transaction ID: 70713.C17295

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)  
Bernard Johnson

Mailing Address PO Box 7

City State Zip Code  
Matlacha FL 33993-0007

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

Name of Employer Occupation  
Self Employed investor

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

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 28 / 2007

Transaction ID: 70523.C17047

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)  
John Kagan

Mailing Address 6981 Lake Devonwood Drive

City State Zip Code  
Fort Myers FL 33908

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

Name of Employer Occupation  
Kagan, Juga & Assoc. physician

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 02 / 2007

Transaction ID: 70417.C16989

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) ..... ► **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 38 / 126
	<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)  
Jan Kantor

Mailing Address 285 Grande Way  
Unit 1202

City State Zip Code  
Naples FL 34110

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

Name of Employer Occupation  
Self Employed self employed

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 25 / 2007

Transaction ID: 70713.C17323

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)  
Michael Katin

Mailing Address 2234 Colonial Blvd.

City State Zip Code  
Fort Myers FL 33907

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

Name of Employer Occupation  
Radiation Therapy Associates physician

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

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 25 / 2007

Transaction ID: 70713.C17105

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)  
Kevin Kearns

Mailing Address 7701 Knightwing Circle

City State Zip Code  
Fort Myers FL 33912-7331

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

Name of Employer Occupation  
Health Choice Network health care management

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 14 / 2007

Transaction ID: 70713.C17205

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) ..... ► **3300.00**

**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 / 126
	<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)  
Elaine Keltner

Mailing Address 11514 Osprey Landing Way

City State Zip Code  
Fort Myers FL 33908

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

Name of Employer Occupation  
Homemaker homemaker

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

Election Cycle-to-Date ▼  
100.00

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

**Transaction ID:** 70523.C17045

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)  
Elaine Keltner

Mailing Address 11514 Osprey Landing Way

City State Zip Code  
Fort Myers FL 33908

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

Name of Employer Occupation  
Homemaker homemaker

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

Election Cycle-to-Date ▼  
200.00

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

**Transaction ID:** 70713.C17184

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)  
Sharon Kenny

Mailing Address 411 17th Avenue, S

City State Zip Code  
Naples FL 34102

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

Name of Employer Occupation  
self-employed writer

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 7

**Transaction ID:** 70713.C17290

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>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 40 / 126
	<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)  
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  
Self Employed

Occupation  
attorney

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

Election Cycle-to-Date ▼  
500.00

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

**Transaction ID:** 70713.C17068

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)  
Jane Lane

Mailing Address 1051 Wyomi Drive

City State Zip Code  
Fort Myers FL 33919

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

Name of Employer  
self-employed

Occupation  
lawyer

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

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 7

**Transaction ID:** 70713.C17233

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)  
Michael Leonard

Mailing Address 18151 Old Dominion Court

City State Zip Code  
Fort Myers FL 33908

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

Name of Employer  
1st Home Builders of Florida

Occupation  
attorney

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 7

**Transaction ID:** 70713.C17227

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) ..... ► **1450.00**

**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 / 126
	<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)  
Colleen M. Ligibel

Mailing Address PO Box 640  
Useppa Island - Bamboo Cottage

City State Zip Code  
Bokeelia FL 33922-0640

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) ▼  
Primary 2008

200.00

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

Transaction ID: 70417.C16993

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)  
Edward Lozick

Mailing Address 29425 Chagrin Blvd  
Suite 201

City State Zip Code  
Beachwood OH 44122

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

Name of Employer Occupation  
Swagelok Company chairman

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

2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 7

Transaction ID: 70713.C17052

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)  
Chuck Malkus

Mailing Address 900 River Reach Dr  
#502

City State Zip Code  
Fort Lauderdale FL 33315-1100

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

Name of Employer Occupation  
Malkus Communication Group self employed

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 7

Transaction ID: 70523.C17021

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) ..... ► **2900.00**

**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 / 126
	<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)  
Linda Malone

Mailing Address 1258 Waggle Way

City State Zip Code  
Naples FL 34108

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

Name of Employer  
Self Employed

Occupation  
self employed

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2007

**Transaction ID:** 70713.C17249

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)  
Contantine Mantz

Mailing Address 13001 Silver Sands Drive

City State Zip Code  
Fort Myers FL 33913

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

Name of Employer  
Information Requested

Occupation  
Information Requested

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 29 / 2007

**Transaction ID:** 70713.C17108

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)  
Paul 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) ▼  
Primary 2008

Election Cycle-to-Date ▼  
2250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 24 / 2007

**Transaction ID:** 70713.C17283

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) ..... ► **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 43 / 126
	<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)  
Kurt Markgraf

Mailing Address 3663 McKinley Ave

City State Zip Code  
Fort Myers FL 33901

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

Name of Employer  
Medical Anesthesia & Pain Mgmt

Occupation  
anesthesiologist

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 7

Transaction ID: 70713.C17074

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)  
Marjorie Matheson

Mailing Address 430 S Beach Rd

City State Zip Code  
Hobe Sound FL 33455-2702

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

Name of Employer  
n/a

Occupation  
homemaker

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

Election Cycle-to-Date ▼  
1000.00

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

Transaction ID: 70713.C17320

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)  
Scott McCaleb

Mailing Address 1776 K Street, NW

City State Zip Code  
Washington DC 20006

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

Name of Employer  
Wiley Rein LLP

Occupation  
attorney

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

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 7

Transaction ID: 70713.C17325

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) ..... ► **1450.00**

**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 / 126
	<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)  
Richard McConnell

Mailing Address 1776 K Street, NW

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation  
Wiley Rein LLP attorney

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

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 05 / 2007

Transaction ID: 70713.C17326

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)  
Alvin McQuinn

Mailing Address 1551 Gulf Shore Blvd., S.

City State Zip Code  
Naples FL 34102

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

Name of Employer Occupation  
QuinStar Investment Partners c.e.o.

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

Election Cycle-to-Date ▼  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 02 / 2007

Transaction ID: 70713.C17133

Amount of Each Receipt this Period  
1300.00

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

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

Mailing Address 2071 S.E. 28th Street

City State Zip Code  
Cape Coral FL 33904

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

Name of Employer Occupation  
Self Employed surgeon

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 21 / 2007

Transaction ID: 70713.C17066

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 45 / 126
	<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)  
John Miksa

Mailing Address 2071 S.E. 28th Street

City State Zip Code  
Cape Coral FL 33904

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

Name of Employer  
Self Employed

Occupation  
surgeon

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

Election Cycle-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 29 / 2007

Transaction ID: 70713.C17112

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)  
Keith Miller

Mailing Address 12731 Terabella Way

City State Zip Code  
Fort Myers FL 33912-0910

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

Name of Employer  
21st Century Oncology

Occupation  
physician

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2007

Transaction ID: 70713.C17094

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)  
Kimberly Speer Miller

Mailing Address 2660 Half Moon Walk

City State Zip Code  
Naples FL 34102

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

Name of Employer  
self-employed

Occupation  
investor/trader

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2007

Transaction ID: 70523.C17024

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 46 / 126
	<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)  
Kimberly Speer Miller

Mailing Address 2660 Half Moon Walk

City State Zip Code  
Naples FL 34102

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

Name of Employer self-employed Occupation investor/trader

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Primary 2008 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 14 / 2007

Transaction ID: 70713.C17266

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)  
Eric & Rebecca Mondres

Mailing Address 15082 Stillfield Place

City State Zip Code  
Centreville VA 20120-1100

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

Name of Employer FHL Bank Atlanta Occupation First VP

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 17 / 2007

Transaction ID: 70713.C17054

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)  
Donna S. Moore

Mailing Address 508 E. Pensacola

City State Zip Code  
Broken Arrow OK 74011

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

Name of Employer n/a Occupation student

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 24 / 2007

Transaction ID: 70713.C17279

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) ..... ► **1600.00**

**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 47 / 126
	<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)  
Donnah Moore

Mailing Address 1055 Wyomi Dr.

City State Zip Code  
Fort Myers FL 33919-2635

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

Name of Employer self-employed Occupation  
accounting

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 7

Transaction ID: 70713.C17228

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)  
Kevin P. Moore

Mailing Address 508 E. Pensacola

City State Zip Code  
Broken Arrow OK 74011

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

Name of Employer Rooney Holdings, Inc. Occupation  
c.f.o.

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 7

Transaction ID: 70713.C17278

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)  
Leslie Mozingo

Mailing Address 4315 Woodbourne Drive

City State Zip Code  
Winston Salem NC 27102

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

Name of Employer The Ferguson Company Occupation  
lobbyist

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: 70713.C17330

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: (check only one)	PAGE 48 / 126
	<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)  
Bruce M. Nakfoor

Mailing Address 340 Colony Dr

City State Zip Code  
Naples FL 34108-8798

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

Name of Employer self-employed Occupation  
self-employed physician

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

2300.00

Date of Receipt  
05 / 29 / 2007

Transaction ID: 70713.C17103

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)  
Silvina Nakfoor

Mailing Address 340 Colony Dr.

City State Zip Code  
Naples FL 34108

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

Name of Employer Information Requested Occupation  
Information Requested

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

1000.00

Date of Receipt  
05 / 29 / 2007

Transaction ID: 70713.C17104

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)  
Ana V. Navarro

Mailing Address 5650 S.W. 131st Court

City State Zip Code  
Miami FL 33183

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

Name of Employer self-employed Occupation  
self-employed consultant

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

1000.00

Date of Receipt  
04 / 17 / 2007

Transaction ID: 70420.C16996

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4300.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 126
	<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)  
Nelson Nieves

Mailing Address 5514 SW 12th Avenue

City State Zip Code  
Cape Coral FL 33914

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

Name of Employer Synergy Contractors, Inc. Occupation business owner

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

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 9 / 2 0 0 7

Transaction ID: 70713.C17076

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)  
Nelson Nieves

Mailing Address 5514 SW 12th Avenue

City State Zip Code  
Cape Coral FL 33914

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

Name of Employer Synergy Contractors, Inc. Occupation business owner

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

Election Cycle-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 3 / 2 0 0 7

Transaction ID: 70713.C17222

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)  
Patricia ODonnell

Mailing Address 4291 Williams Road

City State Zip Code  
Estero FL 33928

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

Name of Employer ODonnell Landscaping Occupation office manager

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

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 3 / 2 0 0 7

Transaction ID: 70417.C16992

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 50 / 126
	<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)  
James Orr

Mailing Address 2780 Cleveland Ave., #717

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) ▼  
Primary 2008

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 27 / 2007

Transaction ID: 70713.C17087

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)  
Robert Paul

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) ▼  
Primary 2008

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 16 / 2007

Transaction ID: 70417.C16970

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)  
Leigh Perkins

Mailing Address 5097 Westlake Road

City State Zip Code  
Monticello FL 32344

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

Name of Employer  
The Orvis Co.

Occupation  
Chairman of the Board

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

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 03 / 2007

Transaction ID: 70426.C17006

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 51 / 126
	<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

Full Name (Last, First, Middle Initial) <b>A. George Perreault</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2007		
Mailing Address 7336 Captain Kidd Avenue		<b>Transaction ID: 70713.C17319</b>		
City State Zip Code Sarasota FL 34231	Amount of Each Receipt this Period 500.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Self Employed	Occupation investor			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Election Cycle-to-Date 1000.00			

Full Name (Last, First, Middle Initial) <b>B. Robert Pettit</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2007		
Mailing Address 1776 K Street, NW		<b>Transaction ID: 70713.C17327</b>		
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 200.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Wiley Rein LLP	Occupation attorney			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Election Cycle-to-Date 200.00			

Full Name (Last, First, Middle Initial) <b>C. Mark Planning</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2007		
Mailing Address 3615 Old Vernon Ct		<b>Transaction ID: 70713.C17050</b>		
City State Zip Code Alexandria VA 22309	Amount of Each Receipt this Period 1000.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Ryan, Phillips, Utrecht, & Mac	Occupation lobbyist			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Election Cycle-to-Date 1000.00			

<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 52 / 126
	<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)  
Bonne Posma

Mailing Address 12946 Kedleston Cir

City State Zip Code  
Fort Myers FL 33912-6605

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

Name of Employer Occupation  
Saminco Inc. Director of Companies

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

Election Cycle-to-Date **200.00**

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2007

Transaction ID: 70713.C17224

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)  
Harry C. Powell

Mailing Address 1100 Homestead Road, N.

City State Zip Code  
Lehigh Acres FL 33936

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

Name of Employer Occupation  
Landex Corporation real estate

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

Election Cycle-to-Date **250.00**

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2007

Transaction ID: 70713.C17070

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)  
Gary Price

Mailing Address 3120 Leeward Lane

City State Zip Code  
Naples FL 34103

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

Name of Employer Occupation  
Naples City Council council member

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

Election Cycle-to-Date **200.00**

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2007

Transaction ID: 70713.C17270

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) ..... **650.00**

**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 53 / 126
	<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)  
Rachel Ratliff

Mailing Address 730 Birdie View Point

City State Zip Code  
Sanibel FL 33957

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

Name of Employer Occupation  
Homemaker homemaker

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 0 7

Transaction ID: 70713.C17145

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)  
Michael Raymond

Mailing Address 14009 Image Lake Court

City State Zip Code  
Fort Myers FL 33907

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

Name of Employer Occupation  
Florida Cancer Specialists physician

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

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 7

Transaction ID: 70713.C17085

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)  
David Reardon

Mailing Address 6568 Sandspur Lane

City State Zip Code  
Fort Myers FL 33919

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

Name of Employer Occupation  
Ameripath pathologist

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 0 7

Transaction ID: 70713.C17079

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 54 / 126
	<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)  
Bert Rein

Mailing Address 1776 K. Street, NW

City Washington State DC Zip Code 20006

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

Name of Employer Wiley Rein LLP Occupation attorney

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

Election Cycle-to-Date 2008

Date of Receipt 06 / 05 / 2007

Transaction ID: 70713.C17328

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)  
David J. Rice

Mailing Address 3040 Rivershore Lane

City Port Charlotte State FL Zip Code 33953

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

Name of Employer self-employed Occupation physician

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

Election Cycle-to-Date 2008

Date of Receipt 05 / 18 / 2007

Transaction ID: 70713.C17065

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)  
Roger B. Rice

Mailing Address 9010 Strada Stell Court

City Naples State FL Zip Code 34109

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

Name of Employer Self Employed Occupation attorney

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

Election Cycle-to-Date 2008

Date of Receipt 05 / 02 / 2007

Transaction ID: 70713.C17053

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 55 / 126
	<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)  
William Roberts

Mailing Address 1776 K. Street, NW

City Washington State DC Zip Code 20006

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

Name of Employer Wiley Rein LLP Occupation attorney

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

Election Cycle-to-Date 2008

Amount: 200.00

Date of Receipt  
06 / 05 / 2007

Transaction ID: 70713.C17329

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)  
Geoffrey Roepstorff

Mailing Address 1287 Isabel Drive

City Sanibel State FL Zip Code 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) Primary 2008

Election Cycle-to-Date 2008

Amount: 1500.00

Date of Receipt  
05 / 29 / 2007

Transaction ID: 70713.C17080

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)  
Herbert J. Rowe

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

City Naples State FL Zip Code 34103-2214

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

Name of Employer retired Occupation retired

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

Election Cycle-to-Date 2008

Amount: 1350.00

Date of Receipt  
06 / 24 / 2007

Transaction ID: 70713.C17281

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: (check only one)	PAGE 56 / 126
	<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)  
Mary Royal

Mailing Address 3235 Avocado Drive

City State Zip Code  
Fort Myers FL 33901

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

Name of Employer n/a Occupation homemaker

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

Election Cycle-to-Date **200.00**

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 7

Transaction ID: 70523.C17034

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)  
James Rutledge

Mailing Address 711 Mangrove Point Road

City State Zip Code  
Sarasota FL 34242

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

Name of Employer self-employed Occupation investor

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

Election Cycle-to-Date **500.00**

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

Transaction ID: 70417.C16975

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)  
Cesar Santiago

Mailing Address 20922 Island Sound Cir  
Unit 204

City State Zip Code  
Estero FL 33928

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

Name of Employer Information Requested Occupation Information Requested

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

Election Cycle-to-Date **200.00**

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 9 / 2 0 0 7

Transaction ID: 70713.C17115

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) ..... **900.00**

**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 57 / 126
	<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)  
Frederick W. Schaerf, MD

Mailing Address 1051 Sumica Dr

City State Zip Code  
Fort Myers FL 33919-2621

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

Name of Employer  
Self Employed

Occupation  
physician

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

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 23 / 2007

Transaction ID: 70713.C17235

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)  
Carl Schultz

Mailing Address 13785 Bald Cypress Cir

City State Zip Code  
Fort Myers FL 33907-1843

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

Name of Employer  
Cape Coral Physicians PA

Occupation  
physician

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

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 28 / 2007

Transaction ID: 70523.C17035

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)  
Robert F. Schwindt

Mailing Address 1001 Arbor Lake Drive #1608

City State Zip Code  
Naples FL 34110

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

Name of Employer  
n/a

Occupation  
retired

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

Election Cycle-to-Date ▼

350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 17 / 2007

Transaction ID: 70713.C17063

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) .....	▶	800.00
<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 / 126
	<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)  
Richard L. Scott

Mailing Address 700 11th Street S  
#101

City State Zip Code  
Naples FL 34102-6777

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

Name of Employer  
Self Employed

Occupation  
developer

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2007

Transaction ID: 70713.C17274

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)  
Richard Shanahan

Mailing Address 427 Barcelona Court

City State Zip Code  
Marco Island FL 34145

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

Name of Employer  
Information Requested

Occupation  
realtor

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 10 / 2007

Transaction ID: 70417.C16973

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)  
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  
retired

Occupation  
retired

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

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 08 / 2007

Transaction ID: 70417.C16945

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) ..... ► **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 59 / 126
	<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)  
Howard Sheridan

Mailing Address 842 Cal Cove Drive

City State Zip Code  
Fort Myers FL 33919

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

Name of Employer  
Self Employed

Occupation  
physician

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

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
05 / 29 / 2007

Transaction ID: 70713.C17106

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)  
Edwin Shinholser

Mailing Address 2751 Regency Oak Blvd., #M101

City State Zip Code  
Clearwater FL 33759

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

Name of Employer  
retired

Occupation  
retired

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

Election Cycle-to-Date ▼  
425.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2007

Transaction ID: 70417.C16983

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)  
Edwin Shinholser

Mailing Address 2751 Regency Oak Blvd., #M101

City State Zip Code  
Clearwater FL 33759

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

Name of Employer  
retired

Occupation  
retired

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

Election Cycle-to-Date ▼  
625.00

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

Transaction ID: 70713.C17168

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) .....	▶	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 60 / 126
	<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)  
Shutts & Bowen LLP

Mailing Address 200 E. Broward Blvd., #200

City State Zip Code  
Fort Lauderdale FL 33311

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

Name of Employer n/a Occupation law firm

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

Election Cycle-to-Date **500.00**

Date of Receipt  
06 / 20 / 2007

Transaction ID: 70713.C17298

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)  
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) Primary 2008

Election Cycle-to-Date **2000.00**

Date of Receipt  
06 / 05 / 2007

Transaction ID: 70713.C17151

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)  
Wayne O Smith

Mailing Address 1385 Wood Duck Trl

City State Zip Code  
Naples FL 34108-3317

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

Name of Employer n/a Occupation retired

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

Election Cycle-to-Date **500.00**

Date of Receipt  
06 / 24 / 2007

Transaction ID: 70713.C17288

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>2000.00</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 61 / 126
	<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)  
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 Occupation  
retired retired

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

1250.00

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

Transaction ID: 70713.C17069

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)  
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 Occupation  
retired retired

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

1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 7

Transaction ID: 70713.C17275

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)  
William Spinelli

Mailing Address 3927 Arnold Avenue

City State Zip Code  
Naples FL 34104

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

Name of Employer Occupation  
Titan Custom Homes home builder

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 0 7

Transaction ID: 70713.C17305

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) .....	▶	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 62 / 126
	<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)  
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 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼  
 Primary 2008

1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2007

Transaction ID: 70713.C17280

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)  
Katherine 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. VP Real Estate

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2007

Transaction ID: 70713.C17287

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)  
Joyce Ruth Sweet

Mailing Address 10 Brogden Court, S.E.

City State Zip Code  
Winter Haven FL 33880

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

Name of Employer Occupation  
n/a homemaker

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

200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 05 / 2007

Transaction ID: 70713.C17173

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) ..... ► **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 63 / 126
	<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)  
Patricia Swindle

Mailing Address 137 Clarke Ave

City State Zip Code  
Palm Beach FL 33480-6122

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

Name of Employer Occupation  
Homemaker homemaker

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

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

Transaction ID: 70713.C17055

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)  
Stanley Tate

Mailing Address 1175 N.E. 125th Street, #102

City State Zip Code  
Miami FL 33161

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

Name of Employer Occupation  
self-employed developer

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

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 7

Transaction ID: 70713.C17300

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)  
Stanley Tate

Mailing Address 1175 N.E. 125th Street, #102

City State Zip Code  
Miami FL 33161

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

Name of Employer Occupation  
self-employed developer

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 7

Transaction ID: 70713.C17301

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) ..... ► **600.00**

**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 / 126
	<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)  
Stanley Tate

Mailing Address 1175 N.E. 125th Street, #102

City State Zip Code  
Miami FL 33161

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

Name of Employer self-employed Occupation  
developer

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

750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 29 / 2007

Transaction ID: 70713.C17299

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

300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 28 / 2007

Transaction ID: 70523.C17046

Amount of Each Receipt this Period  
50.00

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

**C.** Full Name (Last, First, Middle Initial)  
Cathy 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 retired Occupation  
retired

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 28 / 2007

Transaction ID: 70523.C17036

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) ..... ► **800.00**

**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 / 126
	<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

Full Name (Last, First, Middle Initial) <b>A. Cathy Thompson</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 7
Mailing Address 1318 Wales Drive		Transaction ID: 70713.C17231
City State Zip Code Fort Myers FL 33901	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer retired	Occupation retired	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008	Election Cycle-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. Nicholas Thompson</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 7
Mailing Address 1318 Wales Drive		Transaction ID: 70713.C17226
City State Zip Code Fort Myers FL 33901-7742	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer State of Florida	Occupation attorney	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008	Election Cycle-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Valiquette</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 1206 Bay Drive		Transaction ID: 70713.C17199
City State Zip Code Sanibel FL 33957	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self-employed	Occupation Building contractor	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008	Election Cycle-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	800.00
<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 / 126
	<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)  
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) ▼ Primary 2008 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 7

Transaction ID: 70713.C17113

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)  
Jacques Vinmont

Mailing Address 21 Aspen Court

City State Zip Code  
Boynton Beach FL 33436

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

Name of Employer n/a Occupation  
retired

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

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

Transaction ID: 70417.C16939

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)  
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) ▼ Primary 2008 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 7

Transaction ID: 70713.C17243

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 67 / 126
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph Vumbacco		Date of Receipt MM / DD / YYYY 06 / 24 / 2007
Mailing Address 314 Pirates Bight		Transaction ID: 70713.C17241
City Naples	State FL	Zip Code 34103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Health Management Associates	Occupation c.e.o.	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> V Lee Vumbacco		Date of Receipt MM / DD / YYYY 06 / 24 / 2007
Mailing Address 314 Pirates Bight		Transaction ID: 70713.C17242
City Naples	State FL	Zip Code 34103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Homemaker	Occupation homemaker	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Joseph Walker		Date of Receipt MM / DD / YYYY 05 / 29 / 2007
Mailing Address 1205 Lynwood Avenue		Transaction ID: 70713.C17086
City Fort Myers	State FL	Zip Code 33901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retina Consultants	Occupation physician	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Election Cycle-to-Date 500.00	

<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 68 / 126
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Edwin Walmer Mailing Address 189 Monterey Drive City Naples State FL Zip Code 34119-4620 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 7 <b>Transaction ID:</b> 70713.C17163 Amount of Each Receipt this Period 200.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n/a Occupation retired Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008 Election Cycle-to-Date 200.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Charles Walton Mailing Address 7241 Orchid Island Pl City Bradenton State FL Zip Code 34202-2438 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7 <b>Transaction ID:</b> 70713.C17153 Amount of Each Receipt this Period 100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Wastequip, Inc. Occupation executive Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008 Election Cycle-to-Date 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Steven R. West Mailing Address 15636 Fiddlesticks Blvd City Fort Myers State FL Zip Code 33912-3901 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 9 / 2 0 0 7 <b>Transaction ID:</b> 70713.C17114 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Cardiology Consultants of SW F Occupation Cardiologist Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008 Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</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 69 / 126
	<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)  
Patrick White

Mailing Address 4732 West Blvd.

City State Zip Code  
Naples FL 34103

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

Name of Employer Occupation  
Porter, Wright, Morrist, attorney  
Arthu

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 19 / 2007

Transaction ID: 70713.C17254

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)  
Randy 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 Occupation  
Self Employed Author

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

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 26 / 2007

Transaction ID: 70713.C17146

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)  
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) ▼  
Primary 2008

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 13 / 2007

Transaction ID: 70713.C17189

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) .....	▶	1600.00
<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 70 / 126
	(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)  
Don E. Williamson

Mailing Address 2037 SE 28th St

City State Zip Code  
Cape Coral FL 33904-3284

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

Name of Employer Occupation  
Williamson Eye Center optometrist

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

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
06 / 20 / 2007

Transaction ID: 70713.C17296

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)  
Jovan Zepcevski

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) ▼  
 Primary 2008

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2007

Transaction ID: 70713.C17174

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>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>100350.00</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 / 126
	(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)  
Airtran Airways, Inc Pac

Mailing Address 9955 Airtran Blvd

City State Zip Code  
Orlando FL 32827

FEC ID number of contributing federal political committee. **C** C00325159

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 12 / 2007

**Transaction ID:** 70713.C17213

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)  
Amer. Society of Anesthesiologists PAC

Mailing Address 520 N Northwest Hwy

City State Zip Code  
Park Ridge IL 60068-2538

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 21 / 2007

**Transaction ID:** 70713.C17089

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
American Assoc. of Nurse Anesthetists

Mailing Address 412 First Street, SE # 12

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 25 / 2007

**Transaction ID:** 70713.C17311

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) ..... ► **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 72 / 126
	<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.** American Bankers Assoc. PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 1120 Connecticut Avenue, N.W.

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

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

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

**Transaction ID:** 70713.C17257

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.** 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) Primary 2008

Election Cycle-to-Date 2000.00

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

**Transaction ID:** 70713.C17215

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 Crystal Sugar Co. PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 101 N. 3rd Street

City Moorhead State MN Zip Code 56560

FEC ID number of contributing federal political committee. **C** C00110338

Name of Employer Occupation

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

Election Cycle-to-Date 2000.00

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

**Transaction ID:** 70713.C17309

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 73 / 126
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial) <b>A. American Medical Assoc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 1101 Vermont Ave., N.W. 12th Floor		<b>Transaction ID:</b> 70713.C17090
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. <b>C</b> C00000422	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date	1000.00	

Full Name (Last, First, Middle Initial) <b>B. American Optometric Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 1505 Prince St Ste 300		<b>Transaction ID:</b> 70713.C17207
City Alexandria State VA Zip Code 22314-2874	FEC ID number of contributing federal political committee. <b>C</b> C00024968	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date	3500.00	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T Corp. PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 175 E Houston St # 7-A-50		<b>Transaction ID:</b> 70713.C17251
City San Antonio State TX Zip Code 78205-2255	FEC ID number of contributing federal political committee. <b>C</b> C00185124	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date	1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</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:	PAGE 74 / 126
	(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)  
BNSF RAILPAC

Mailing Address Attn: Patricia A. Murphy  
500 New Jersey Ave, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

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

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 7

**Transaction ID:** 70523.C17049

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)  
Comcast Corporation PAC

Mailing Address 1500 Market Street, 35th Fl.

City Philadelphia State PA Zip Code 19102

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

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

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

**Transaction ID:** 70713.C17302

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)  
CSX Good Govt. Fund

Mailing Address 1331 Pennsylvania Avenue, NW  
Suite 560

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) ▼  
 Primary 2008

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** 70713.C17216

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>4500.00</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 75 / 126
	<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)  
Edison International Pac

Mailing Address 2244 Walnut Grove, Ave

City State Zip Code  
Rosemead CA 91770

FEC ID number of contributing federal political committee. **C** C00019653

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

**Transaction ID:** 70713.C17268

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)  
Every Republican is Crucial PAC

Mailing Address 25 E. Main Street, #200

City State Zip Code  
Richmond VA 23219

FEC ID number of contributing federal political committee. **C** C00384701

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 07 / 2007

**Transaction ID:** 70523.C17041

Amount of Each Receipt this Period  
5000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Freedom & Democracy Fund

Mailing Address 610 S. Boulevard

City State Zip Code  
Tampa FL 33606

FEC ID number of contributing federal political committee. **C** C00409987

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 22 / 2007

**Transaction ID:** 70713.C17313

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>8000.00</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:	PAGE 76 / 126
	(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)  
GAMAPAC

Mailing Address 1400 K Street, NW  
Suite 201

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) Primary 2008

Election Cycle-to-Date 1000.00

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

**Transaction ID:** 70713.C17312

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)  
KochPAC

Mailing Address 655 15th Street, NW  
Suite 445

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

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

Election Cycle-to-Date 3500.00

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

**Transaction ID:** 70713.C17100

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 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) Primary 2008

Election Cycle-to-Date 4500.00

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

**Transaction ID:** 70713.C17308

Amount of Each Receipt this Period  
 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 / 126
	(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)  
Lockheed Martin Emp. PAC

Mailing Address 1550 Crystal Drive  
Crystal Square Two, Suite 300

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

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

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 15 / 2007

**Transaction ID:** 70713.C17267

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)  
Midnight Sun PAC

Mailing Address 203 Maryland Avenue, N.E.

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00345199

Name of Employer Occupation

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

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 20 / 2007

**Transaction ID:** 70426.C17007

Amount of Each Receipt this Period  
 5000.00

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

**C.** Full Name (Last, First, Middle Initial)  
National Air Traffic Controllers Ass PAC

Mailing Address 1325 Massachusetts Ave, NW

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) Primary 2008

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 08 / 2007

**Transaction ID:** 70523.C17042

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>7000.00</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:	PAGE 78 / 126
	(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

<b>A.</b> Full Name (Last, First, Middle Initial) National Community Pharmacists Ass. Pac Mailing Address 100 Daingerfield Rd City State Zip Code Alexandria VA 22314-2888 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70713.C17117 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</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	6		0	6		2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	6		2	0	0	7														
1000.00																							
Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2008 Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																					
1000.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Norfolk Southern Corp PAC Mailing Address Attn: Bruno Maestri 1500 K Street, NW City State Zip Code Washington DC 20005 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70523.C17043 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</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	5		0	2		2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	2		2	0	0	7														
1000.00																							
Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008 Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																					
1000.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Owner Operator Independent Drivers Assn Mailing Address 1101 30th Street, NW City State Zip Code Washington DC 20007 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70713.C17303 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</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	6		2	9		2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	9		2	0	0	7														
1000.00																							
Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008 Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																					
1000.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</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:	PAGE 79 / 126
	(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)  
Physical Therapy PAC

Mailing Address 1111 N. Fairfax Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 06 / 2007

Transaction ID: 70713.C17162

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)  
Realtors Political Action Committee

Mailing Address 430 N. Michigan Avenue

City State Zip Code  
Chicago IL 60611

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 04 / 2007

Transaction ID: 70713.C17234

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)  
RJ Reynolds PAC

Mailing Address 1201 F Street, NW  
Suite 1000

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 25 / 2007

Transaction ID: 70523.C17048

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 80 / 126
	<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)  
The Freedom Project

Mailing Address 111 C Street, S.E.  
Lower Unit

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

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

Election Cycle-to-Date ▼ 7186.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 21 / 2007

**Transaction ID:** 70713.C17210

Amount of Each Receipt this Period  
3088.00

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

**B.** Full Name (Last, First, Middle Initial)  
Union Pacific PAC

Mailing Address 600 Thirteenth Street, SW  
Suite 340

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 09 / 2007

**Transaction ID:** 70713.C17142

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)  
United Parcel Service PAC

Mailing Address 316 Pennsylvania Avenue, SE  
Suite 300

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 27 / 2007

**Transaction ID:** 70523.C17014

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>4588.00</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 81 / 126
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial) <b>A. United Parcel Service PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 316 Pennsylvania Avenue, SE Suite 300		Transaction ID: 70713.C17211
City Washington State DC Zip Code 20003	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00064766		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Election Cycle-to-Date 4000.00	

Full Name (Last, First, Middle Initial) <b>B. Universal Music Group</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address PO Box 560519		Transaction ID: 70713.C17310
City Charlotte State NC Zip Code 28256-0519	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. US Cuba Democracy PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address 1200 W. 49th Street		Transaction ID: 70417.C16986
City Hialeah State FL Zip Code 33012	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00387720		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2008	Election Cycle-to-Date 1000.00	

<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:	PAGE 82 / 126
	(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)  
Ven-PAC

Mailing Address PO Box 83142

City State Zip Code  
MD 20883-3142

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 21 / 2007

**Transaction ID:** 70713.C17214

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)  
Washington Mutual PAC

Mailing Address 1215 Fourth Ave, FCB 1620

City State Zip Code  
Seattle WA 98161

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

Name of Employer Occupation

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

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 16 / 2007

**Transaction ID:** 70713.C17161

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) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	46588.00

# 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. CITICARDS</b>		<b>Transaction ID:</b> 70523.E3381 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address PO Box 193066		Amount of Each Disbursement this Period 962.96
City Columbus State OH Zip Code 43218-	<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	<b>CREDIT CARD: SEE BELOW</b>
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. Avis Rent-A-Car</b>		<b>Transaction ID:</b> 70523.E3410 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address multiple locations		Amount of Each Disbursement this Period 133.86
City State Zip Code -	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL	Candidate Name	<b>[MEMO ITEM]</b> MEMO: 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. LaPlaya Beach &amp; Golf Resort</b>		<b>Transaction ID:</b> 70523.E3409 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 9891 Gulf Shore Drive		Amount of Each Disbursement this Period 778.10
City Naples State FL Zip Code 34108-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement HOTEL ACCOMODATIONS	Candidate Name	<b>[MEMO ITEM]</b> MEMO: HOTEL ACCOMODATIONS
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) ..... ▶	962.96
<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. Reagan National Airport</b>		<b>Transaction ID:</b> 70523.E3411 Date of Disbursement 04 / 27 / 2007
Mailing Address		Amount of Each Disbursement this Period 51.00
City	State Zip Code	
Purpose of Disbursement PARKING	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: PARKING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Arthur J. Finkelstein &amp; Assoc.</b>		<b>Transaction ID:</b> 70417.E3341 Date of Disbursement 04 / 04 / 2007
Mailing Address 16 N. Astor Street		Amount of Each Disbursement this Period 4000.00
City	State Zip Code	
Purpose of Disbursement POLITICAL CONSULTING FEE	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POLITICAL CONSULTING FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Arthur J. Finkelstein &amp; Assoc.</b>		<b>Transaction ID:</b> 70523.E3375 Date of Disbursement 04 / 27 / 2007
Mailing Address 16 N. Astor Street		Amount of Each Disbursement this Period 4000.00
City	State Zip Code	
Purpose of Disbursement POLITICAL CONSULTING FEES	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POLITICAL CONSULTING FEES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8000.00</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)

<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>		Transaction ID: 70713.E3461 Date of Disbursement 05 / 31 / 2007	
Mailing Address 16 N. Astor Street		Amount of Each Disbursement this Period 2000.00	
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 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) ▼	POLITICAL CONSULTING FEE	

Full Name (Last, First, Middle Initial) <b>B. Jamestown Associates</b>		Transaction ID: 70417.E3342 Date of Disbursement 04 / 04 / 2007	
Mailing Address 5 Mapletown Road, #300		Amount of Each Disbursement this Period 75.00	
City Princeton State NJ Zip Code 08540-	Purpose of Disbursement WEBSITE UPDATES	<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) ▼	WEBSITE UPDATES	

Full Name (Last, First, Middle Initial) <b>C. Mr. Rob Jennings</b>		Transaction ID: 70420.E3348 Date of Disbursement 04 / 17 / 2007	
Mailing Address American Event Consulting, Inc. 501 L St NW		Amount of Each Disbursement this Period 1500.00	
City Washington State DC Zip Code 20001-	Purpose of Disbursement 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) ▼	FUNDRAISING CONSULTING FEE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3575.00
<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. Mr. Rob Jennings</b>		<b>Transaction ID:</b> 70523.E3413 Date of Disbursement 05 / 14 / 2007
Mailing Address American Event Consulting, Inc. 501 L St NW		Amount of Each Disbursement this Period 1000.00
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 CONSULTANT FEE		FUNDRAISING CONSULTANT 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. Mr. Rob Jennings</b>		<b>Transaction ID:</b> 70713.E3425 Date of Disbursement 05 / 31 / 2007
Mailing Address American Event Consulting, Inc. 501 L St NW		Amount of Each Disbursement this Period 1000.00
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 CONSULTANT FEE		FUNDRAISING CONSULTANT 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. John Stone</b>		<b>Transaction ID:</b> 70523.E3374 Date of Disbursement 04 / 27 / 2007
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 SERVICES		CAMPAIGN 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<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> 70417.E3330 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 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		NEWSPAPER CLIPPING SERVICE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Florida Business Information, Inc.</b>		<b>Transaction ID:</b> 70523.E3383 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 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		NEWSPAPER CLIPPING SERVICE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Florida Business Information, Inc.</b>		<b>Transaction ID:</b> 70713.E3455 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 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		NEWSPAPER CLIPPING SERVICE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	390.00
<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. Charlotte County Republican Club</b>		<b>Transaction ID: 70523.E3384</b> Date of Disbursement MM / DD / YYYY 04 / 27 / 2007
Mailing Address		Amount of Each Disbursement this Period 350.00
City	State Zip Code	
Purpose of Disbursement DINNER TICKET AND ADVERTISEMENT		<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>DINNER TICKET AND ADVERTI- SMENT</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Business Card (formerly Platinum Plus)</b>		<b>Transaction ID: 70417.E3338</b> Date of Disbursement MM / DD / YYYY 04 / 04 / 2007
Mailing Address PO Box 15710		Amount of Each Disbursement this Period 7499.00
City	State Zip Code	
Purpose of Disbursement CREDIT CARD: SEE BELOW		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
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) ▼	<b>CREDIT CARD: SEE BELOW</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Best Buy</b>		<b>Transaction ID: 70523.E3367</b> Date of Disbursement MM / DD / YYYY 04 / 04 / 2007
Mailing Address 5019 S. Cleveland Avenue		Amount of Each Disbursement this Period 107.04
City	State Zip Code	
Purpose of Disbursement OFFICE 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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> <b>MEMO: OFFICE SUPPLIES</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7849.00</b>
<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

<b>A. Jasons Deli</b> Full Name (Last, First, Middle Initial) Mailing Address 1350 Reflection Pkwy. City Fort Myers State FL Zip Code 33907- Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70523.E3364 Date of Disbursement 04 / 04 / 2007 Amount of Each Disbursement this Period 45.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
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<b>B. Southwest Airlines</b> Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 36647 City Dallas State TX Zip Code 75234- Purpose of Disbursement AIR TRAVEL EXPENSES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70523.E3361 Date of Disbursement 04 / 04 / 2007 Amount of Each Disbursement this Period 239.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: AIR TRAVEL EXPENSES
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<b>C. US Airways</b> Full Name (Last, First, Middle Initial) Mailing Address 7 Park Center City Pittsburgh State PA Zip Code 15220- Purpose of Disbursement MULTIPLE AIR TRAVEL EXPENSES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70523.E3359 Date of Disbursement 04 / 04 / 2007 Amount of Each Disbursement this Period 3084.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MULTIPLE AIR TRAVEL EXPENSES
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<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)

PAGE 90 / 126

<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. SonyStyle Pentagon</b>		Transaction ID: 70523.E3362 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 1100 So Hayes Street		Amount of Each Disbursement this Period 109.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22202-	Purpose of Disbursement COMPUTER EQUIPMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: COMPUTER EQUIPMENT

Full Name (Last, First, Middle Initial) <b>B. Tommy Bahama Cafe</b>		Transaction ID: 70523.E3360 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 1220 3rd St S		Amount of Each Disbursement this Period 75.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Naples State FL Zip Code 34102-7202	Purpose of Disbursement MEALS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: MEALS

Full Name (Last, First, Middle Initial) <b>C. Champps Americana</b>		Transaction ID: 70523.E3366 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address		Amount of Each Disbursement this Period 66.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22202-	Purpose of Disbursement MEALS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: MEALS

<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. Business Card (formerly Platinum Plus)</b>		<b>Transaction ID:</b> 70523.E3416 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address PO Box 15710		Amount of Each Disbursement this Period 1094.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington State DE Zip Code 19886-5710	CREDIT CARD: SEE BELOW	
Purpose of Disbursement CREDIT CARD: SEE BELOW		Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

Full Name (Last, First, Middle Initial) <b>B. Outback Steakhouse</b>		<b>Transaction ID:</b> 70523.E3395 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 12995 S. Cleveland Avenue		Amount of Each Disbursement this Period 71.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Myers State FL Zip Code 33907-	[MEMO ITEM] MEMO: MEALS	
Purpose of Disbursement MEALS		Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>		<b>Transaction ID:</b> 70523.E3396 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address P. O. Box 36647		Amount of Each Disbursement this Period 239.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75234-	[MEMO ITEM] MEMO: AIR TRAVEL EXPENSES	
Purpose of Disbursement AIR TRAVEL EXPENSES		Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1094.01
<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. ABC Limo Services</b>		<b>Transaction ID: 70523.E3398</b> Date of Disbursement 04 / 27 / 2007
Mailing Address 5278 Kestrel Crossing Dr		Amount of Each Disbursement this Period 116.64
City Alexandria State VA Zip Code 22312-3988	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. BWI Parking Garage</b>		<b>Transaction ID: 70523.E3394</b> Date of Disbursement 04 / 27 / 2007
Mailing Address BWI Airport		Amount of Each Disbursement this Period 60.00
City State Zip Code	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PARKING- TRAVEL EXPENSE Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: PARKING- TRAVEL EXP-ENSE
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. Cingular Wireless</b>		<b>Transaction ID: 70523.E3399</b> Date of Disbursement 04 / 27 / 2007
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 84.59
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	Category/Type	<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) ▼	

<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. Cingular Wireless</b>		<b>Transaction ID:</b> 70523.E3402 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 349.50
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. Red Hot &amp; Blue</b>		<b>Transaction ID:</b> 70523.E3400 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 1600 Wilson Blvd.		Amount of Each Disbursement this Period 55.14
City Arlington State VA Zip Code 22209-	<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. Business Card (formerly Platinum Plus)</b>		<b>Transaction ID:</b> 70523.E3417 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address PO Box 15710		Amount of Each Disbursement this Period 372.17
City Wilmington State DE Zip Code 19886-5710	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	372.17
<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. Smokey Bones</b>		Transaction ID: 70523.E3404 Date of Disbursement 04 / 27 / 2007
Mailing Address 13731 S. Tamiami Trail		Amount of Each Disbursement this Period 29.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
City Fort Myers	State FL	
Zip Code 33912-	Category/Type	
Purpose of Disbursement MEALS Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Houstons Restaurant</b>		Transaction ID: 70523.E3403 Date of Disbursement 04 / 27 / 2007
Mailing Address multiple locations		Amount of Each Disbursement this Period 142.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
City	State	
Zip Code -	Category/Type	
Purpose of Disbursement MEALS Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Business Card (formerly Platinum Plus)</b>		Transaction ID: 70523.E3386 Date of Disbursement 04 / 27 / 2007
Mailing Address PO Box 15710		Amount of Each Disbursement this Period 4467.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW
City Wilmington	State DE	
Zip Code 19886-5710	Category/Type	
Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4467.80
<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. Best Buy</b>		Transaction ID: 70713.E3509 Date of Disbursement 04 / 27 / 2007
Mailing Address 5019 S. Cleveland Avenue		Amount of Each Disbursement this Period 159.00
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 OFFICE EQUIPMENT	Candidate Name	<b>[MEMO ITEM]</b> MEMO: OFFICE EQUIPMENT
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. Collier County REC</b>		Transaction ID: 70523.E3389 Date of Disbursement 04 / 27 / 2007
Mailing Address P. O. Box 7367		Amount of Each Disbursement this Period 200.00
City Naples State FL Zip Code 34101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT/CONTRIBUTION	Candidate Name	<b>[MEMO ITEM]</b> MEMO: EVENT/CONTRIBUTION
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. LaPlaya Beach &amp; Golf Resort</b>		Transaction ID: 70523.E3391 Date of Disbursement 04 / 27 / 2007
Mailing Address 9891 Gulf Shore Drive		Amount of Each Disbursement this Period 788.68
City Naples State FL Zip Code 34108-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement HOTEL ACCOMODATIONS	Candidate Name	<b>[MEMO ITEM]</b> MEMO: HOTEL ACCOMODATIONS
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. French Roast Cafe</b>		Transaction ID: 70713.E3515 Date of Disbursement 04 / 27 / 2007	
Mailing Address		Amount of Each Disbursement this Period 303.06	
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 <b>[MEMO ITEM]</b> MEMO: MEALS
Purpose of Disbursement MEALS		Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Transaction ID: 70713.E3527 Date of Disbursement 04 / 27 / 2007	
Mailing Address 300 First Street, S.E.		Amount of Each Disbursement this Period 1498.27	
City Washington	State DC	Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUNDRAISING EVENT
Purpose of Disbursement FUNDRAISING EVENT		Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Cingular Wireless</b>		Transaction ID: 70523.E3393 Date of Disbursement 04 / 27 / 2007	
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 608.98	
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 <b>[MEMO ITEM]</b> MEMO: CELL PHONE
Purpose of Disbursement CELL PHONE		Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<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. US Airways</b>		Transaction ID: 70713.E3512 Date of Disbursement 04 / 27 / 2007
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 267.40
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Transaction ID: 70713.E3514 Date of Disbursement 04 / 27 / 2007
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 277.80
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		Transaction ID: 70713.E3510 Date of Disbursement 04 / 27 / 2007
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 267.40
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**

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>		<b>Transaction ID:</b> 70523.E3388 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15220-	<b>[MEMO ITEM]</b> MEMO: AIR TRAVEL	
Purpose of Disbursement AIR TRAVEL 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. US Airways</b>		<b>Transaction ID:</b> 70713.E3513 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 7 Park Center		Amount of Each Disbursement this Period 277.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15220-	<b>[MEMO ITEM]</b> MEMO: AIR TRAVEL	
Purpose of Disbursement AIR TRAVEL 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. US House of Rep. Gift Shop</b>		<b>Transaction ID:</b> 70713.E3521 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address B-217 Longworth Bldg.		Amount of Each Disbursement this Period 175.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515-	<b>[MEMO ITEM]</b> MEMO: GIFTS FROM CAMPAIGN	
Purpose of Disbursement GIFTS FROM CAMPAIGN 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) ..... ▶	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. US House of Rep. Gift Shop</b>		Transaction ID: 70713.E3522 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address B-217 Longworth Bldg.		Amount of Each Disbursement this Period 139.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515-	Purpose of Disbursement GIFTS FROM CAMPAIGN 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: GIFTS FROM CAMPAIGN

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Transaction ID: 70713.E3524 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address multiple locations		Amount of Each Disbursement this Period 12.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code -	Purpose of Disbursement POSTAGE 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: POSTAGE

Full Name (Last, First, Middle Initial) <b>C. CVS Pharmacy</b>		Transaction ID: 70713.E3523 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 661 Pennsylvania Ave SE		Amount of Each Disbursement this Period 33.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-4303	Purpose of Disbursement OFFICE SUPPLIES 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 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)

PAGE 100 / 126

<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. Business Card (formerly Platinum Plus)</b>		<b>Transaction ID:</b> 70713.E3431 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address PO Box 15710		Amount of Each Disbursement this Period 231.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington State DE Zip Code 19886-5710	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. Cabbage Key, Inc.</b>		<b>Transaction ID:</b> 70713.E3432 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address PO Box 200		Amount of Each Disbursement this Period 180.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pineland State FL Zip Code 33945-0200	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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cabbage Key, Inc.</b>		<b>Transaction ID:</b> 70713.E3433 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address PO Box 200		Amount of Each Disbursement this Period 136.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pineland State FL Zip Code 33945-0200	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) ..... ▶	231.44
<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. Business Card (formerly Platinum Plus)</b>		<b>Transaction ID:</b> 70713.E3441 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address PO Box 15710		Amount of Each Disbursement this Period 3183.88
City Wilmington State DE Zip Code 19886-5710	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 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>B. Old Ebbitt Grill</b>		<b>Transaction ID:</b> 70713.E3450 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 675 15th Street, N.W.		Amount of Each Disbursement this Period 34.94
City Washington State DC Zip Code 20005-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Candidate Name	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Office Max</b>		<b>Transaction ID:</b> 70713.E3508 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 5100 S. Cleveland Avenue		Amount of Each Disbursement this Period 42.39
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 OFFICE SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: OFFICE SUPPLIES
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) ..... ▶	3183.88
<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 Airlines</b>		<b>Transaction ID:</b> 70713.E3442 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address P. O. Box 36647		Amount of Each Disbursement this Period 494.80
City Dallas State TX Zip Code 75234-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cingular Wireless</b>		<b>Transaction ID:</b> 70713.E3507 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 124.49
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	Category/Type	<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>C. Verizon Wireless</b>		<b>Transaction ID:</b> 70713.E3445 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 131 North Court House Rd		Amount of Each Disbursement this Period 208.99
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	Category/Type	<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) ▼	

<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. Filomena Restaurant</b>		<b>Transaction ID:</b> 70713.E3447 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 1063 Wisconson Ave, NW		Amount of Each Disbursement this Period 567.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20007-	<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. Business Card (formerly Platinum Plus)</b>		<b>Transaction ID:</b> 70713.E3437 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address PO Box 15710		Amount of Each Disbursement this Period 214.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington State DE Zip Code 19886-5710	CREDIT CARD: SEE BELOW	
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) ▼

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		<b>Transaction ID:</b> 70713.E3438 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address multiple locations		Amount of Each Disbursement this Period 156.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code -	<b>[MEMO ITEM]</b> MEMO: POSTAGE	
Purpose of Disbursement POSTAGE 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) ..... ▶	214.00
<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. USPS</b>		<b>Transaction ID:</b> 70713.E3440 Date of Disbursement
Mailing Address multiple locations		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
City	State	Zip Code
		-
Purpose of Disbursement POSTAGE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="78.00"/>
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) ▼	<b>[MEMO ITEM]</b> MEMO: POSTAGE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Business Card (formerly Platinum Plus)</b>		<b>Transaction ID:</b> 70713.E3496 Date of Disbursement
Mailing Address PO Box 15710		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
City	State	Zip Code
Wilmington	DE	19886-5710
Purpose of Disbursement CREDIT CARD FEE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="29.00"/>
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) ▼	CREDIT CARD FEE
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stan Lindsey Photography, Inc</b>		<b>Transaction ID:</b> 70713.E3427 Date of Disbursement
Mailing Address 4985 Tallowood Way		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2007"/>
City	State	Zip Code
Naples	FL	34116-
Purpose of Disbursement PHOTO SESSION	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1277.50"/>
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) ▼	PHOTO SESSION
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1306.50"/>
<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. Arent Fox LLP</b>		<b>Transaction ID: 70417.E3334</b>	
Mailing Address 1050 Connecticut Ave NW		Date of Disbursement 04 / 04 / 2007	
City Washington	State DC	Zip Code 20036-5308	Amount of Each Disbursement this Period 4371.20
Purpose of Disbursement ACCOUNTING AND LEGAL SERVICES		Category/ Type	<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		ACCOUNTING AND LEGAL SERVICES
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Arent Fox LLP</b>		<b>Transaction ID: 70523.E3376</b>	
Mailing Address 1050 Connecticut Ave NW		Date of Disbursement 04 / 27 / 2007	
City Washington	State DC	Zip Code 20036-5308	Amount of Each Disbursement this Period 4124.50
Purpose of Disbursement ACCOUNTING AND LEGAL SERVICES		Category/ Type	<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		ACCOUNTING AND LEGAL SERVICES
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Arent Fox LLP</b>		<b>Transaction ID: 70713.E3444</b>	
Mailing Address 1050 Connecticut Ave NW		Date of Disbursement 06 / 12 / 2007	
City Washington	State DC	Zip Code 20036-5308	Amount of Each Disbursement this Period 2290.00
Purpose of Disbursement ACCOUNTING AND LEGAL FEES		Category/ Type	<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		ACCOUNTING AND LEGAL FEES
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>10785.70</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. Arent Fox LLP</b>		Transaction ID: 70713.E3501 Date of Disbursement 06 / 29 / 2007	
Mailing Address 1050 Connecticut Ave NW		Amount of Each Disbursement this Period 3619.00	
City Washington State DC Zip Code 20036-5308	Purpose of Disbursement LEGAL AND ACCOUNTING SERVICES	<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) ▼	LEGAL AND ACCOUNTING SERVICES	

Full Name (Last, First, Middle Initial) <b>B. Aristotle International</b>		Transaction ID: 70713.E3502 Date of Disbursement 06 / 29 / 2007	
Mailing Address 205 Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 2100.00	
City Washington State DC Zip Code 20003-	Purpose of Disbursement DATABASE #2 OF 8	<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) ▼	DATABASE #2 OF 8	

Full Name (Last, First, Middle Initial) <b>C. Capitol One</b>		Transaction ID: 70417.E3339 Date of Disbursement 04 / 04 / 2007	
Mailing Address P. O. Box 60024		Amount of Each Disbursement this Period 760.26	
City City Of Industry State CA Zip Code 91716-	Purpose of Disbursement CREDIT CARD: SEE BELOW	<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) ▼	CREDIT CARD: SEE BELOW	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6479.26
<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

<b>A. Collier County REC</b> Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 7367 City Naples State FL Zip Code 34101- Purpose of Disbursement COLLIER LINCOLN DAY DINNER 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>Transaction ID: 70523.E3355</b> Date of Disbursement 04 / 04 / 2007 Amount of Each Disbursement this Period 425.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: COLLIER LINCOLN DAY DINNER
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<b>B. LaPlaya Beach &amp; Golf Resort</b> Full Name (Last, First, Middle Initial) Mailing Address 9891 Gulf Shore Drive City Naples State FL Zip Code 34108- Purpose of Disbursement PARKING 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>Transaction ID: 70523.E3353</b> Date of Disbursement 04 / 04 / 2007 Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: PARKING
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<b>C. Lee County Republicans</b> Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 61465 City Fort Myers State FL Zip Code 33906- Purpose of Disbursement MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70523.E3354</b> Date of Disbursement 04 / 04 / 2007 Amount of Each Disbursement this Period 16.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
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<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. Alice Sweetwaters</b>		Transaction ID: 70523.E3357 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 1996 Airport Road, S		Amount of Each Disbursement this Period 59.00
City Naples State FL Zip Code 34112-	<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>B. Alice Sweetwaters</b>		Transaction ID: 70523.E3358 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 1996 Airport Road, S		Amount of Each Disbursement this Period 66.02
City Naples State FL Zip Code 34112-	<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. Embassy Suites Hotels</b>		Transaction ID: 70523.E3352 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 1100 SE 17th Street Causeway		Amount of Each Disbursement this Period 75.00
City Fort Lauderdale State FL Zip Code 33316-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEETING W/ LEE COUNTY REPUBLICANS	Candidate Name	<b>[MEMO ITEM]</b> MEMO: MEETING W/ LEE COUNTY REPUBLICANS
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

Full Name (Last, First, Middle Initial) <b>A. Capitol One</b>		<b>Transaction ID:</b> 70713.E3420 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address P. O. Box 60024		Amount of Each Disbursement this Period 1575.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Of Industry State CA Zip Code 91716-	Purpose of Disbursement TRAVEL EXPENSES 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) ▼	TRAVEL EXPENSES

Full Name (Last, First, Middle Initial) <b>B. Capitol One</b>		<b>Transaction ID:</b> 70713.E3463 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address P. O. Box 60024		Amount of Each Disbursement this Period 143.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Of Industry State CA Zip Code 91716-	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) ▼	CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial) <b>C. Capitol One</b>		<b>Transaction ID:</b> 70713.E3466 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address P. O. Box 60024		Amount of Each Disbursement this Period 1281.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Of Industry State CA Zip Code 91716-	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) ▼	CREDIT CARD: SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.27</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)

<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. Hogbodys Bar &amp; Grill</b>		Transaction ID: 70713.E3468 Date of Disbursement 06 / 13 / 2007	
Mailing Address 1103 S. Del Prado Blvd.		Amount of Each Disbursement this Period 81.00	
City Cape Coral State FL Zip Code 33990-	Purpose of Disbursement MEALS Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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>B. Ms. Kara Moore</b>		Transaction ID: 70713.E3495 Date of Disbursement 06 / 13 / 2007	
Mailing Address 5100 S. Cleveland Ave., #318 PMB 3		Amount of Each Disbursement this Period 34.00	
City Fort Myers State FL Zip Code 33907-	Purpose of Disbursement MEALS Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <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. Ms. Kara Moore</b>		Transaction ID: 70713.E3492 Date of Disbursement 06 / 13 / 2007	
Mailing Address 5100 S. Cleveland Ave., #318 PMB 3		Amount of Each Disbursement this Period 177.03	
City Fort Myers State FL Zip Code 33907-	Purpose of Disbursement MILEAGE Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MILEAGE	
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. TGI Fridays</b>		<b>Transaction ID:</b> 70713.E3475 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address Various Locations		Amount of Each Disbursement this Period 45.00
City State Zip Code -	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Category/ Type	<b>[MEMO ITEM]</b> MEMO: MEALS
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lee County Republicans</b>		<b>Transaction ID:</b> 70713.E3485 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address P. O. Box 61465		Amount of Each Disbursement this Period 250.00
City State Zip Code Fort Myers FL 33906-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LINCOLN DAY DINNER TICKETS	Category/ Type	<b>[MEMO ITEM]</b> MEMO: LINCOLN DAY DINNER TICKETS
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Lee County Republicans</b>		<b>Transaction ID:</b> 70713.E3482 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address P. O. Box 61465		Amount of Each Disbursement this Period 150.00
City State Zip Code Fort Myers FL 33906-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT TICKET	Category/ Type	<b>[MEMO ITEM]</b> MEMO: EVENT TICKET
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<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)

PAGE 112 / 126

<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 Republicans</b>		Transaction ID: 70713.E3481 Date of Disbursement 06 / 13 / 2007	
Mailing Address P. O. Box 61465		Amount of Each Disbursement this Period 20.00	
City Fort Myers State FL Zip Code 33906-	Purpose of Disbursement BREAKFAST 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: BREAKFAST EVENT	

Full Name (Last, First, Middle Initial) <b>B. Target</b>		Transaction ID: 70713.E3470 Date of Disbursement 06 / 13 / 2007	
Mailing Address 13711 S. Tamiami Trail		Amount of Each Disbursement this Period 25.00	
City Fort Myers State FL Zip Code 33912-	Purpose of Disbursement GIFT CARDS FOR BIRTHDAYS	<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: GIFT CARDS FOR BIRTHDAYS	

Full Name (Last, First, Middle Initial) <b>C. Office Max</b>		Transaction ID: 70713.E3477 Date of Disbursement 06 / 13 / 2007	
Mailing Address 5100 S. Cleveland Avenue		Amount of Each Disbursement this Period 37.38	
City Fort Myers State FL Zip Code 33907-	Purpose of Disbursement 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: 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. Office Max</b>		Transaction ID: 70713.E3472 Date of Disbursement 06 / 13 / 2007
Mailing Address 5100 S. Cleveland Avenue		Amount of Each Disbursement this Period 131.41
City Fort Myers State FL Zip Code 33907-	Purpose of Disbursement OFFICE SUPPLIES 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: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) <b>B. Party City</b>		Transaction ID: 70713.E3473 Date of Disbursement 06 / 13 / 2007
Mailing Address 5025 Cleveland Ave.		Amount of Each Disbursement this Period 13.31
City Fort Myers State FL Zip Code 33907-	Purpose of Disbursement SUPPLIES 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: SUPPLIES

Full Name (Last, First, Middle Initial) <b>C. Party City</b>		Transaction ID: 70713.E3474 Date of Disbursement 06 / 13 / 2007
Mailing Address 5025 Cleveland Ave.		Amount of Each Disbursement this Period 48.60
City Fort Myers State FL Zip Code 33907-	Purpose of Disbursement SUPPLIES 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: 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. Cingular Wireless</b>		<b>Transaction ID:</b> 70417.E3332 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 340.40
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	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> 70523.E3378 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 539.61
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	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. Cingular Wireless</b>		<b>Transaction ID:</b> 70713.E3429 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 7
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 609.60
City Tampa State FL Zip Code 33631-3488	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1489.61
<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. Cingular Wireless</b>		<b>Transaction ID:</b> 70713.E3500 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 584.07
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	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. Line 1 Communications</b>		<b>Transaction ID:</b> 70417.E3337 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 3400 Birchwood Manor		Amount of Each Disbursement this Period 354.24
City Tallahassee State FL Zip Code 32312-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FAX/EMAIL SERVICES	Candidate Name	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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Line 1 Communications</b>		<b>Transaction ID:</b> 70523.E3380 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 3400 Birchwood Manor		Amount of Each Disbursement this Period 354.24
City Tallahassee State FL Zip Code 32312-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FAX/EMAIL SERVICES	Candidate Name	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) ..... ▶	1292.55
<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. SCM Associates, Inc.</b>		<b>Transaction ID:</b> 70417.E3335 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 1283 Main Street PO Box 254		Amount of Each Disbursement this Period 3751.49
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> 70713.E3443 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 1283 Main Street PO Box 254		Amount of Each Disbursement this Period 6311.52
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. Southwest Direct</b>		<b>Transaction ID:</b> 70417.E3336 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 3132.69
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		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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	13195.70
<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)

<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> 70523.E3412 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 595.00
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Southwest Direct</b>		<b>Transaction ID:</b> 70713.E3456 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 669.17
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Southwest Direct</b>		<b>Transaction ID:</b> 70713.E3424 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 730.62
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) ..... ▶	1994.79
<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. Southwest Direct</b>		<b>Transaction ID:</b> 70713.E3428 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 203.04 <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-	Category/Type DIRECT MAIL SERVICES	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Southwest Direct</b>		<b>Transaction ID:</b> 70713.E3426 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 375.48 <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-	Category/Type DIRECT MAIL SERVICES	
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Southwest Direct</b>		<b>Transaction ID:</b> 70713.E3517 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 2129 Andrea Lane		Amount of Each Disbursement this Period 142.13 <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-	Category/Type DIRECT MAIL SERVICES	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	720.65
<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> 70417.E3333 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address P.O. Box 740602		Amount of Each Disbursement this Period 72.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45274-	Category/Type	
Purpose of Disbursement TELEPHONE Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	TELEPHONE
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sprint - Embarq</b>		<b>Transaction ID:</b> 70523.E3382 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address P.O. Box 740602		Amount of Each Disbursement this Period 72.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45274-	Category/Type	
Purpose of Disbursement TELEPHONE Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	TELEPHONE
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sprint - Embarq</b>		<b>Transaction ID:</b> 70713.E3498 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address P.O. Box 740602		Amount of Each Disbursement this Period 72.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45274-	Category/Type	
Purpose of Disbursement TELEPHONE Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	TELEPHONE
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	217.89
<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. Sprint - Embarq</b>		<b>Transaction ID:</b> 70713.E3503 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address P.O. Box 740602		Amount of Each Disbursement this Period 72.68
City Cincinnati State OH Zip Code 45274-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
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> 70417.E3340 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 4 / 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 CONSULTING FEES	Candidate Name	CAMPAIGN CONSULTING FEES
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. Stone Group, LLC</b>		<b>Transaction ID:</b> 70713.E3462 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 5701 Bayview Drive		Amount of Each Disbursement this Period 2000.00
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 FEES	Candidate Name	CAMPAIGN/FUNDRAISING FEES
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) ..... ▶	7072.68
<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. SunTrust Credit Card</b>		<b>Transaction ID:</b> 70417.E3343 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address PO Box 791250		Amount of Each Disbursement this Period 1287.56
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bonita Springs Self Storage</b>		<b>Transaction ID:</b> 70417.E3344 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 8953 Terrene Court		Amount of Each Disbursement this Period 157.94
City Bonita Springs State FL Zip Code 34135-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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> 70417.E3347 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 300 First Street, S.E.		Amount of Each Disbursement this Period 836.95
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 FUNDRAISING EVENT		[MEMO ITEM] MEMO: FUNDRAISING EVENT
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) ..... ▶	1287.56
<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. Cingular Wireless</b>		Transaction ID: 70417.E3345 Date of Disbursement 04 / 04 / 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 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: 70417.E3346 Date of Disbursement 04 / 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

Full Name (Last, First, Middle Initial) <b>C. SunTrust Credit Card</b>		Transaction ID: 70523.E3377 Date of Disbursement 04 / 27 / 2007
Mailing Address PO Box 791250		Amount of Each Disbursement this Period 406.15
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) ..... ▶	406.15
<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

<b>A. Bonita Springs Self Storage</b> Full Name (Last, First, Middle Initial) Mailing Address 8953 Terrene Court City Bonita Springs State FL Zip Code 34135- Purpose of Disbursement 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) ▼		Transaction ID: 70523.E3406 Date of Disbursement 04 / 27 / 2007 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 <b>[MEMO ITEM]</b> MEMO: STORAGE
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<b>B. Cingular Wireless</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 31488 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) ▼		Transaction ID: 70523.E3407 Date of Disbursement 04 / 27 / 2007 Amount of Each Disbursement this Period 121.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CELL PHONE
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<b>C. Verizon Wireless</b> Full Name (Last, First, Middle Initial) Mailing Address 131 North Court House Rd City Arlington State VA Zip Code 22201- Purpose of Disbursement CELL PHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70523.E3408 Date of Disbursement 04 / 27 / 2007 Amount of Each Disbursement this Period 126.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CELL PHONE
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<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. SunTrust Credit Card</b>		<b>Transaction ID:</b> 70713.E3457 <b>Date of Disbursement</b> 05 / 31 / 2007
Mailing Address PO Box 791250		Amount of Each Disbursement this Period 356.53
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	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>B. Bonita Springs Self Storage</b>		<b>Transaction ID:</b> 70713.E3458 <b>Date of Disbursement</b> 05 / 31 / 2007
Mailing Address 8953 Terrene Court		Amount of Each Disbursement this Period 157.94
City Bonita Springs State FL Zip Code 34135-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STORAGE	Candidate Name	[MEMO ITEM] MEMO: STORAGE
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. Cingular Wireless</b>		<b>Transaction ID:</b> 70713.E3459 <b>Date of Disbursement</b> 05 / 31 / 2007
Mailing Address PO Box 31488		Amount of Each Disbursement this Period 121.69
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	[MEMO ITEM] 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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	356.53
<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. Verizon Wireless</b>		<b>Transaction ID:</b> 70713.E3460 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 131 North Court House Rd		Amount of Each Disbursement this Period 76.90
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>		<b>Transaction ID:</b> 70713.E3516 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 5100 S. Cleveland Avenue, #318		Amount of Each Disbursement this Period 126.00
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 FLORIDA BOX RENEWAL	Candidate Name	FLORIDA 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>C. USPS</b>		<b>Transaction ID:</b> 70523.E3418 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address multiple locations		Amount of Each Disbursement this Period 47.00
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	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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	173.00
<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. Yuma Solutions, Inc.</b>		<b>Transaction ID:</b> 70417.E3331 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 1922 Miccosukee Road		Amount of Each Disbursement this Period 768.50
City Tallahassee State FL Zip Code 32308-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMPUTER MAINTENANCE	Candidate Name	COMPUTER MAINTENANCE
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. Yuma Solutions, Inc.</b>		<b>Transaction ID:</b> 70523.E3379 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 1922 Miccosukee Road		Amount of Each Disbursement this Period 487.25
City Tallahassee State FL Zip Code 32308-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement HOSTED EXCHANGE & BLACKBERRY SERVI	Candidate Name	HOSTED EXCHANGE & BLACKBERRY SERVI
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. Yuma Solutions, Inc.</b>		<b>Transaction ID:</b> 70713.E3430 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 1922 Miccosukee Road		Amount of Each Disbursement this Period 479.50
City Tallahassee State FL Zip Code 32308-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BLACKBERRY SERVICE COMPUTER MAINTE	Candidate Name	BLACKBERRY SERVICE COMPUT-ER MAINTE
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>1735.25</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>88854.35</b>