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FEDERAL ELECTION
COMMISSION
ADMINISTRATIVE

JUL 30 5 02 PM '93

OF COURSE,
MASTRY, HARDEN, DAVIS
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OFFICES

- FORT LAUDERDALE
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- WASHINGTON, D.C.

July 30, 1993

VIA HAND DELIVERY

Ms. Darlene Harris
Federal Election Commission
999 E Street, N.W.
Room 709
Washington, D.C. 20463

Re: Holland & Knight Committee for Effective
Government

Dear Ms. Harris:

Enclosed please find our 1993 Mid-Year Report for the period of April 12, 1993 through July 31, 1993, which includes the following:

- (1) Report of Receipts and Disbursements;
- (2) Detailed Summary Page;
- (3) Itemized Receipts; and
- (4) Itemized Disbursements.

Further, please find the following clarifications:

- * The Holland & Knight Committee for Effective Government (the "Committee") engages in no shared federal/non-federal activity.
- * Administrative expenses of the Committee such as office space and other costs are incidental to the operation of the law practice. The firm's political action committee is relatively small and does not result in additional expenses such as office space, telephone service, utilities, office equipment, etc. Further, Holland &

23038522577

Ms. Darlene Harris
July 30, 1993
Page 2

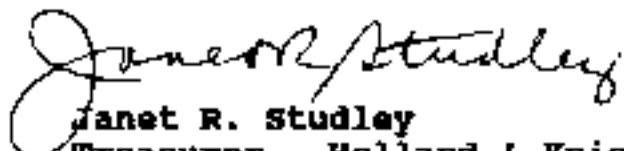
Knight is a partnership, and no expenses of the Committee are being paid by a "connected organization."

- * The Committee does not have any employees. Those working on Committee activities do not enjoy any additional compensation for the incidental work the Committee requires. There are no postage expenses or Federal Election Commission mass mailings. Solicitation is generally done in person at the annual meeting of the partners. Accordingly, all expenses are incidental to the operation of the law practice.

Please contact the undersigned if additional information is required.

Sincerely,

HOLLAND & KNIGHT



Janet R. Studley
Treasurer, Holland & Knight
Committee for Effective
Government

Enclosure
JRS:gp
WAS-13821

93038522578

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
ADMINISTRATIVE CENTER

JUL 30 5 02 PM '93

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Holland & Knight Committee for Effective Government		2. FEC IDENTIFICATION NUMBER C00171330
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 888 17th Street, N.W., Suite 900		
CITY, STATE and ZIP CODE Washington, D.C. 20006		
3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

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SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>April 12, 1993</u> through <u>July 31, 1993</u>			
6. (a)	Cash on Hand January 1, 19 <u>93</u>		\$ 12,924.77
(b)	Cash on Hand at Beginning of Reporting Period	\$ 23,786.61	
(c)	Total Receipts (from Line 19)	\$ 5,392.76	\$ 27,254.60
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B)	\$ 29,179.37	\$ 40,179.37
7.	Total Disbursements (from Line 30)	\$ 22,250.00	\$ 33,250.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 6,929.37	\$ 6,929.37
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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 Janet R. Studley	
Signature of Treasurer <i>Janet R. Studley</i>	Date 7/30/93

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
Holland & Knight Committee for Effective Government	FROM April 12, 93	TO July 31, 1993
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	4,392.76	26,254.60
ii. Unitemized	0	0
ii. Total	4,392.76	26,254.60
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions	4,392.76	26,254.60
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	1,000.00	1,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts	5,392.76	27,254.60
20. Total Federal Receipts	5,392.76	27,254.60
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0	0
ii. Non-Federal Share	0	0
b. Other Federal Operating Expenditures	0	0
c. Total Operating Expenditures	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	22,250.00	33,250.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds	0	0
29. Other Disbursements	0	0
30. Total Disbursements	22,250.00	33,250.00
31. Total Federal Disbursements	0	0
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	5,392.76	27,254.60
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	5,392.76	27,254.60
35. Total Federal Operating Expenditures	0	0
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures	0	0

93038522500

SCHEDULE A

ITEMIZED RECEIPTS

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

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)
Holland & Knight Committee for Effective Government

93038522581

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Democratic Senatorial Campaign Comm. 430 South Capitol St., S.E. Washington, D.C. 20030		6/30/93	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Refund	Occupation		
	Aggregate Year-to-Date > \$ 1000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	\$1,000.00
TOTAL This Period (last page the line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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)
Holland & Knight Committee for Effective Government

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda Connor Kane 1918 Morning Street Jacksonville, FL 32205		2/8/93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martha W. Barnett P.O. Drawer 810 Tallahassee, FL 32302	Holland & Knight	6/30/93	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert N. Butler P.O. Box 1288 Tampa, FL 33601-1288	Holland & Knight	6/30/93	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 400.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Delegal P.O. Box 14070 Ft. Lauderdale, FL 33302-4070	Holland & Knight	5/31/93	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harry R. Detwiler P.O. Drawer 810 Tallahassee, FL 32302	Holland & Knight	6/30/93	\$54.57
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 90.95	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert R. Feagin, III P.O. Drawer 810 Tallahassee, FL 32301	Holland & Knight	5/31/93	\$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 800.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Friedman P.O. Box 015441 Miami, FL 33131	Holland & Knight	6/30/93	\$120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 200.00	

SUBTOTAL of Receipts This Page (optional)	\$1,474.57
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
Holland & Knight Committee for Effective Government

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A. Full Name, Mailing Address and ZIP Code Michael L. Jamieson P.O. Box 1288 Tampa, FL 33601-1288		Name of Employer Holland & Knight	Date (month, day, year) 6/30/93	Amount of Each Receipt this Period \$218.19
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Attorney	Aggregate Year-to-Date > \$ 363.65	
B. Full Name, Mailing Address and ZIP Code Edward F. Koren, Jr. P.O. Box 1288 Tampa, FL 33601-1288		Name of Employer Holland & Knight	Date (month, day, year) 6/30/93	Amount of Each Receipt this Period \$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code Bruce D. May, Jr. P.O. Drawer 810 Tallahassee, FL 32302		Name of Employer Holland & Knight	Date (month, day, year) 6/30/93	Amount of Each Receipt this Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code John J. Mikals P.O. Box 52687 Jacksonville, FL 32202		Name of Employer Holland & Knight	Date (month, day, year) 5/31/93	Amount of Each Receipt this Period \$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Attorney	Aggregate Year-to-Date > \$ 800.00	
E. Full Name, Mailing Address and ZIP Code Stephen B. Moss P.O. Box 14070 Ft. Lauderdale, FL 33302-4070		Name of Employer Holland & Knight	Date (month, day, year) 5/31/93	Amount of Each Receipt this Period \$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Attorney	Aggregate Year-to-Date > \$ 800.00	
F. Full Name, Mailing Address and ZIP Code Bruce H. Roberson P.O. Box 1288 Tampa, FL 33602		Name of Employer Holland & Knight	Date (month, day, year) 5/31/93	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Attorney	Aggregate Year-to-Date > \$ 400.00	
G. Full Name, Mailing Address and ZIP Code Lawrence E. Sellers, Jr. P.O. Drawer 810 Tallahassee, FL 32301		Name of Employer Holland & Knight	Date (month, day, year) 6/30/93	Amount of Each Receipt this Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) \$1,818.19

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

Holland & Knight Committee for Effective Government

23038522584

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger W. Sims P.O. Box 32092 Lakeland, FL 33801	Holland & Knight	5/31/93	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		Aggregate Year-to-Date > \$ 400.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Janet R. Studley 888 17th Street, N.W. Suite 900 Washington, D.C. 20006	Holland & Knight	4/30/93	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		Aggregate Year-to-Date > \$ 600.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward W. Vogel, III P.O. Box 32092 Lakeland, FL 33802	Holland & Knight	6/30/93	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		Aggregate Year-to-Date > \$ 500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Grannig P.O. Box 1288 Tampa, FL 33602	Holland & Knight	5/31/93	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		Aggregate Year-to-Date > \$ 400.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William F. Hamilton P.O. 015441 Miami, FL 33131	Holland & Knight	5/31/93	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		Aggregate Year-to-Date > \$ 400.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)	\$1,100.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

Holland & Knight Committee for Effective Government

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Congressman Bill Young Campaign Committee P.O. Box 103 Arlington, VA 22210	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/12/93	\$ 500.00
B. Full Name, Mailing Address and ZIP Code Mike Bilirakis for Congress 1350 I Street, N.W., #870 Washington, D.C. 20005	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/93	500.00
C. Full Name, Mailing Address and ZIP Code Kent Conrad for Senate 236 Massachusetts Avenue, N.E. Suite 202 Washington, D.C. 20002	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/27/93	1,000.00
D. Full Name, Mailing Address and ZIP Code Tom Lewis for Congress Comm. P.O. Box 14749 North Palm Beach, FL 33410	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/29/93	250.00
E. Full Name, Mailing Address and ZIP Code Democratic Senatorial Campaign Committee 430 South Capitol Street, S.E. Washington, D.C. 20003	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/4/93	15,000.00
F. Full Name, Mailing Address and ZIP Code Friends of Clay Shaw P.O. Box 2188 Ft. Lauderdale, FL 33303	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/19/93	500.00
G. Full Name, Mailing Address and ZIP Code Hastings for Congress 421 New Jersey Avenue, S.E. Washington, D.C. 20003	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/20/93	500.00
H. Full Name, Mailing Address and ZIP Code Friends for Cliff Stearns P.O. Box 308 Silver Springs, FL 34489	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/21/93	500.00
I. Full Name, Mailing Address and ZIP Code Sanford Bishop for Congress P.O. Box 909 Columbus, GA 31902	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/93	500.00

SUBTOTAL of Disbursements This Page (optional)	\$19,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

Holland & Knight Committee for Effective Government

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carrie Meek for Congress P.O. Box 01-6012 Miami, FL 33101-6012	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/17/93	\$ 500.00
Lincoln Diaz-Balart for Cong. 9737 N.W. 41st St., #131 Miami, FL 33178	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/17/93	500.00
Democratic National Comm. 430 S. Capitol Street, S.E. Washington, D.C. 20003	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/18/93	1,500.00
Friends of Connie Mack P.O. Box 1835 Tampa, FL 33601-1835	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/24/93	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$22,250.00

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