

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Connie Mack, Inc.

Full Name (Last, First, Middle Initial) A. James La Ve		Date of Disbursement MM / DD / YYYY 09 / 14 / 2012
Mailing Address 2579 Spanish River Rd.		Amount of Each Disbursement this Period 1500.00 Transaction ID : B7BF0712C7D664917967
City Boca Raton	State FL	
Purpose of Disbursement Refund: Refund of Excessive Contribution (9/4/12)		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. Mr. John Wm. Galbraith		Date of Disbursement MM / DD / YYYY 09 / 13 / 2012
Mailing Address University Village 1604 500 Crestwood Dr.		Amount of Each Disbursement this Period 2500.00 Transaction ID : BEEA2A6B50161420EB7B
City Charlottesville	State VA	
Purpose of Disbursement Refund: Refund of Excessive Contribution (8/24/12)		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) c. Jeffrey Hurt		Date of Disbursement MM / DD / YYYY 09 / 30 / 2012
Mailing Address 29425 Chargin Blvd., Suite 300		Amount of Each Disbursement this Period 2500.00 Transaction ID : B140624C96ED24E27900
City Beachwood	State OH	
Purpose of Disbursement Refund: Refund of Excessive Contribution (9/30/2012)		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	6500.00
TOTAL This Period (last page this line number only).....	

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