

**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 60004

Check if different than previously reported. (ACC)

Ft Myers

FL

33906

2. **FEC IDENTIFICATION NUMBER**

C00391243

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

FL 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 07 01 2005 through 09 30 2005

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 Peter L. Girardin

Signature of Treasurer Electronically Filed by Peter L. Girardin Date 01 14 2006

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

**FEC FORM 3**  
(Revised 02/2005)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Connie Mack

Report Covering the Period: From: <sup>M</sup> 07 <sup>M</sup> 01 <sup>D</sup> 2005 <sup>Y</sup> To: <sup>V</sup> 09 <sup>M</sup> 30 <sup>D</sup> 2005 <sup>Y</sup>

	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(a)).....	26905.00	468084.70
(b) Total Contribution Refunds (from Line 20(d)).....	1000.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	25905.00	467084.70
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	118889.31	398590.70
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	586.55
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	118889.31	398004.15
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	207052.74	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	3650.00	

**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 02/2005)

Page 3

Write or Type Committee Name  
Friends of Connie Mack

Report Covering the Period: From: <sup>M M</sup> 07 <sup>Y Y</sup> 01 <sup>V V</sup> 2005 To: <sup>V M</sup> 09 <sup>Y Y</sup> 30 <sup>V V</sup> 2005

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21900.00	315981.70
(ii) Unitemized.....	505.00	34703.50
(iii) TOTAL of contributions from Individuals..... ▶	22405.00	350685.20
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	4500.00	117419.50
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	26905.00	468084.70
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	0.00	586.55
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	116.40
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	26905.00	468787.65

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	118889.31	398590.70
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.....	1000.00	1000.00
(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)).....	1000.00	1000.00
21. OTHER DISBURSEMENTS.....	0.00	5000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	<b>119889.31</b>	<b>404590.70</b>

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	300037.05
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	26905.00
25. SUBTOTAL (add Line 23 and Line 24).....	326942.05
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	119889.31
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	207052.74

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

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

FOR LINE NUMBER: PAGE 6 / 57

(check only one)

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

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) A. AGC Political Action Committee		Date of Receipt M / D / Y 09 / 21 / 2005
Mailing Address 333 John Carlyle St Ste 200		Transaction ID: 51014.C14315
City	State	Zip Code
Alexandria	VA	22314-5770
FEC ID number of contributing federal political committee. <b>C</b> C00382382		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. BelSouth Employees Federal PAC		Date of Receipt M / D / Y 09 / 21 / 2005
Mailing Address 150 S. Monroe Street, #400		Transaction ID: 51014.C14320
City	State	Zip Code
Tallahassee	FL	32301
FEC ID number of contributing federal political committee. <b>C</b> CD0174080		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Darden Rest. Inc. Emp. Good Govt. Fund		Date of Receipt M / D / Y 09 / 28 / 2005
Mailing Address 5900 Lake Ellenor Drive P.O. Box 593330		Transaction ID: 51014.C14327
City	State	Zip Code
Orlando	FL	32809
FEC ID number of contributing federal political committee. <b>C</b> CD0108282		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 5000.00	

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

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

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

FOR LINE NUMBER: PAGE 6 / 57

(check only one)  
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 11b  
 11c  
 11d  
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 13a  
 13b  
 14  
 15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial) <b>A. Mary Bush</b>		Date of Receipt M / D / Y 09 / 21 / 2005
Mailing Address P. O. Box 1548		Transaction ID: 51014.C14317
City Hobe Sound	State FL	Zip Code 33475
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Homemaker	Occupation homemaker	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) <b>B. Mary Bush</b>		Date of Receipt M / D / Y 09 / 21 / 2005
Mailing Address P. O. Box 1548		Transaction ID: 51014.C14318
City Hobe Sound	State FL	Zip Code 33475
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Homemaker	Occupation homemaker	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General- Fed- era	Election Cycle-to-Date ▼ 2850.00	

Full Name (Last, First, Middle Initial) <b>C. Donald Capocela</b>		Date of Receipt M / D / Y 09 / 21 / 2005
Mailing Address 1585 San Marco Rd		Transaction ID: 51014.C14319
City Marco Island	State FL	Zip Code 34145
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Kent Waterfront Assoc	Occupation builder	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>2000.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 7 / 57  
(check only one)  
 11a     11b     11c     11d  
           12       13a       13b       14       15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial) <b>A. Michael Caridi</b>		Date of Receipt M / D / Y 07 / 11 / 2005
Mailing Address 340 Stagg Street		Transaction ID: 50712.C14275
City Brooklyn	State NY	Zip Code 11206
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer SRC Industries	Occupation owner	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Pat Corrigan</b>		Date of Receipt M / D / Y 07 / 11 / 2005
Mailing Address P. O. Box 680068		Transaction ID: 50712.C14274
City Vero Beach	State FL	Zip Code 32969
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self-employed	Occupation grower/rancher	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Blane Crandall</b>		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 777 Wedge Drive		Transaction ID: 50908.C14286
City Naples	State FL	Zip Code 34103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Blane Crandall, M.D., P.A.	Occupation physician	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial) <b>A. Alan Dimmit</b>		Date of Receipt M / D / Y 07 / 11 / 2005
Mailing Address 2963 Gilford Way		Transaction ID: 50712.C14273
City Naples	State FL	Zip Code 34119
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Liberty Youth Ranch, Inc.	Occupation executive	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Dale</b>		Date of Receipt M / D / Y 07 / 11 / 2005
Mailing Address 700 New Hampshire Ave., N.W.		Transaction ID: 50712.C14272
City Washington	State DC	Zip Code 20037
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Alston & Bird	Occupation special counsel	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Edward Droste</b>		Date of Receipt M / D / Y 08 / 04 / 2005
Mailing Address 107 Hampton Road		Transaction ID: 50908.C14300
City Clearwater	State FL	Zip Code 33759
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Provident Companies	Occupation president	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>2750.00</b>
TOTAL This Period (last page this line number only) .....	



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

Use separate schedule(s)  
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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial) <b>A. Henry Frantzen</b>		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address 889 Gulf Shore Blvd. N		Transaction ID: 50906.C14298
City Naples	State FL	Zip Code 34102-5552
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer retired	Occupation n/a	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Steven Fries</b>		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 7253 Pelas Circle		Transaction ID: 50906.C14279
City Fort Myers	State FL	Zip Code 33917
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Cardinal Prosthetics & Orthot	Occupation doctor	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. George Gibbs</b>		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 8500 Heckscher Drive		Transaction ID: 50906.C14281
City Jacksonville	State FL	Zip Code 32228
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Atlantic Marine, Inc.	Occupation ship builder	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1750.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial) <b>A. Roger Gregory</b>		Date of Receipt M / D / Y 08 / 04 / 2005
Mailing Address 281 B 12th Ct N		Transaction ID: 50906.C14299
City Naples	State FL	Zip Code 34103-4575
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Gregory Frame Shop	Occupation owner	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Caswell Holloway</b>		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address 18465 S.E. Village Circle		Transaction ID: 50906.C14297
City Jupiter	State FL	Zip Code 33469
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Josam Co.	Occupation executive	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Jennifer Home</b>		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 9100 Southmont Cove No. 304		Transaction ID: 50906.C14282
City Fort Myers	State FL	Zip Code 33508-6284
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer DAlessandro & Woodyard	Occupation real estate broker	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 250.00	

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 57

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial) <b>A. Mary Katin</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2005
Mailing Address 2234 Colonial Blvd.		Transaction ID: 50906.C14903
City State Zip Code Fort Myers FL 33907	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 2000.00
Name of Employer Homemaker	Occupation homemaker	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Katin</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2005
Mailing Address 2234 Colonial Blvd.		Transaction ID: 50906.C14902
City State Zip Code Fort Myers FL 33907	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 150.00
Name of Employer Radiation Therapy Associates	Occupation physician	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General-Fed-ers	Election Cycle-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Katin</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2005
Mailing Address 2234 Colonial Blvd.		Transaction ID: 50906.C14901
City State Zip Code Fort Myers FL 33907	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1850.00
Name of Employer Radiation Therapy Associates	Occupation physician	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 2250.00	

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 / 57  
(check only one)  
 11a     11b     11c     11d  
           12       13a       13b       14       15

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial) <b>A. Raymond Kordonow</b>		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 5475 Chablis Lane		Transaction ID: 50906.C14280
City Fort Myers	State FL	Zip Code 33919-2709
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Internal Medicine of SW FL Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Occupation doctor Election Cycle-to-Date ▼ 250.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) <b>B. James McKee</b>		Date of Receipt M / D / Y 09 / 21 / 2005
Mailing Address 350 Sedgwick Court		Transaction ID: 51014.C14313
City Naples	State FL	Zip Code 34108
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer retired Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Occupation retired Election Cycle-to-Date ▼ 4000.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) <b>C. Ann McQuinn</b>		Date of Receipt M / D / Y 09 / 28 / 2005
Mailing Address 1551 Gulf Shore Blvd., S.		Transaction ID: 51014.C14324
City Naples	State FL	Zip Code 34102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer QuinStar Investment Partn- ers Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Occupation c.e.o. Election Cycle-to-Date ▼ 1000.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

SUBTOTAL of Receipts This Page (optional) .....	<b>2750.00</b>
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

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(check only one)

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

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. Eddie Neese</b>		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 12881 Metro Parkway		Transaction ID: 50906.C14283
City Fort Myers	State FL	Zip Code 33912
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Neese & Assoc	Occupation engineer	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Geoffrey Raepstorf</b>		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address 1287 Isabel Drive		Transaction ID: 50906.C14282
City Sanibel	State FL	Zip Code 33957
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Edison National Bank	Occupation c.e.o.	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. John Rosehman</b>		Date of Receipt M / D / Y 07 / 11 / 2005
Mailing Address 80 Bay Colony Lane		Transaction ID: 50712.C14271
City Fort Lauderdale	State FL	Zip Code 33308
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer self-employed	Occupation investor	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1750.00</b>
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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial) <b>A. Charles Salisbury</b>		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address 1285 Gulf Shore Blvd. N		Transaction ID: 50906.C14293
City Naples	State FL	Zip Code 34102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation investments	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Howard Staring</b>		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 10090 Valiant Court Apt. 201		Transaction ID: 50906.C14284
City Fort Myers	State FL	Zip Code 33913-8942
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer DSD Homes	Occupation owner	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dora Wadel</b>		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 4050 Sea Oats Lane		Transaction ID: 50906.C14278
City Naples	State FL	Zip Code 34112
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer n/a	Occupation retired	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1450.00</b>
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 15 / 57

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial) <b>A. Heather Williams</b>		Date of Receipt M / D / Y 08 / 04 / 2005
Mailing Address 383B Tamiami Trail, N.		Transaction ID: 50906.C14904
City Naples	State FL	Zip Code 34103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Information Requested	Occupation homemaker	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Zimmerman</b>		Date of Receipt M / D / Y 09 / 21 / 2005
Mailing Address 170B Venezia Way		Transaction ID: 51014.C14921
City Naples	State FL	Zip Code 34105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Information Requested	Occupation retired	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2006	Election Cycle-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2200.00</b>
TOTAL This Period (last page this line number only) .....	▶	<b>21900.00</b>

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

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

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 (check only one)

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

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NAME OF COMMITTEE (In Full)  
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)  
 A. NRCC Incumbent Fund

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
 INCUMBENT SUPPORT FUND

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
 Type

Transaction ID: 50908.E2328  
 Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

6000.00

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

INCUMBENT SUPPORT FUND

Full Name (Last, First, Middle Initial)  
 B. Bellsouth

Mailing Address P. O. Box 1262

City Charlotte State NC Zip Code 28201-

Purpose of Disbursement  
 TELEPHONE

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
 Type

Transaction ID: 50713.E2281  
 Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

497.85

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

TELEPHONE

Full Name (Last, First, Middle Initial)  
 C. Jeff Cohen

Mailing Address 317 CANNON BUILDING

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement  
 CELLULAR [SEE BELOW]

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
 Type

Transaction ID: 51014.E2477  
 Date of Disbursement

08 / 18 / 2005

Amount of Each Disbursement this Period

488.72

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

CELLULAR [SEE BELOW]

SUBTOTAL of Disbursements This Page (optional) ▶

6987.57

TOTAL 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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)

**A.** Cingular Wireless

Mailing Address PO Box 31488

City Tampa State FL Zip Code 33631-3488

Purpose of Disbursement  
 CELLULAR

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
 Type

Transaction ID: 51014.E2478

Date of Disbursement

08 / 18 / 2005

Amount of Each Disbursement this Period

489.72

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

[MEMO ITEM]  
 MEMO: CELLULAR

Full Name (Last, First, Middle Initial)

**B.** Jeffrey M. Cohen

Mailing Address 13280 Corbel Circle, #1022

City Fort Myers State FL Zip Code 33607-

Purpose of Disbursement  
 REIMBURSEMENT: SEE BELOW

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
 Type

Transaction ID: 50906.E2370

Date of Disbursement

08 / 14 / 2005

Amount of Each Disbursement this Period

472.48

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial)

**C.** Cingular Wireless

Mailing Address PO Box 31488

City Tampa State FL Zip Code 33631-3488

Purpose of Disbursement  
 CELL PHONE

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
 Type

Transaction ID: 50906.E2371

Date of Disbursement

08 / 14 / 2005

Amount of Each Disbursement this Period

472.48

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

[MEMO ITEM]  
 MEMO: CELL PHONE

SUBTOTAL of Disbursements This Page (optional) ▶

472.48

TOTAL 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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)  
A. Arthur J. Finkelstein & Assoc.

Mailing Address 16 N. Astor Street

City Irvington State NY Zip Code 10533-

Purpose of Disbursement  
POLITICAL CONSULTING

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50713.E2286  
Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

POLITICAL CONSULTING

Full Name (Last, First, Middle Initial)  
B. Arthur J. Finkelstein & Assoc.

Mailing Address 16 N. Astor Street

City Irvington State NY Zip Code 10533-

Purpose of Disbursement  
POLITICAL CONSULTING

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50713.E2287  
Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

POLITICAL CONSULTING

Full Name (Last, First, Middle Initial)  
C. Arthur J. Finkelstein & Assoc.

Mailing Address 16 N. Astor Street

City Irvington State NY Zip Code 10533-

Purpose of Disbursement  
POLITICAL CONSULTING

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50906.E2338  
Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

7397.05

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

POLITICAL CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶

14397.05

TOTAL 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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)  
 A. Florida U.C. Fund

Mailing Address 5050 W. Tennessee Street

City Tallahassee State FL Zip Code 32399-

Purpose of Disbursement  
 PAYROLL TAXES/PENALTY

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
 Type

Transaction ID: 51014.E2437  
 Date of Disbursement

09 / 28 / 2005

Amount of Each Disbursement this Period

75.00

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

PAYROLL TAXES/PENALTY

Full Name (Last, First, Middle Initial)  
 B. George Galluzzo

Mailing Address 2025 SE 26 Avenue

City Fort Lauderdale State FL Zip Code 33316-

Purpose of Disbursement  
 EVENT COST

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
 Type

Transaction ID: 51014.E2418  
 Date of Disbursement

09 / 21 / 2005

Amount of Each Disbursement this Period

2005.89

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

EVENT COST

Full Name (Last, First, Middle Initial)  
 C. Keelen Communications

Mailing Address P. O. Box 2778

City Arlington State VA Zip Code 22202-

Purpose of Disbursement  
 PAC FUNDRAISING

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
 Type

Transaction ID: 50713.E2288  
 Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

2920.00

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

PAC FUNDRAISING

SUBTOTAL of Disbursements This Page (optional) ▶

5000.89

TOTAL 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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)  
A. Connie Mack

Mailing Address 3604 Oakland Drive

City Alexandria State VA Zip Code 22310-

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District		

Category/  
Type

Transaction ID: 50906.E2323  
Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

1692.07

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial)  
B. Double Tree Guest Suites

Mailing Address 1717 N. Bayshore Drive

City Miami State FL Zip Code 33132-

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District		

Category/  
Type

Transaction ID: 50906.E2325  
Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

134.47

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: TRAVEL

Full Name (Last, First, Middle Initial)  
C. Cato Travel

Mailing Address 1800 N. Kent Street  
Suite 950

City Arlington State VA Zip Code 22209-

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District		

Category/  
Type

Transaction ID: 50906.E2326  
Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

398.40

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶

1692.07

TOTAL 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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)  
**A. US Airways**

Mailing Address 7 Park Center

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 50906.E2324  
Date of Disbursement  
07 / 14 / 2005

Amount of Each Disbursement this Period  
1159.20

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: TRAVEL

Full Name (Last, First, Middle Initial)  
**B. Connie Mack**

Mailing Address 3604 Oakland Drive

City Alexandria State VA Zip Code 22310-

Purpose of Disbursement  
REIMBURSEMENT : SEE BELOW

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 51014.E2422  
Date of Disbursement  
09 / 27 / 2005

Amount of Each Disbursement this Period  
317.99

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

REIMBURSEMENT : SEE BELOW

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

Mailing Address PO Box 31488

City Tampa State FL Zip Code 33631-3488

Purpose of Disbursement  
CELL PHONE

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 51014.E2424  
Date of Disbursement  
09 / 27 / 2005

Amount of Each Disbursement this Period  
317.99

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: CELL PHONE

**SUBTOTAL** of Disbursements This Page (optional) ▶ **317.99**

**TOTAL** 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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)  
A. Mr. Michael J. Miller

Mailing Address 375 Sylvan Drive

City Winter Park State FL Zip Code 32789-

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50906.E2357  
Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

4031.39

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial)  
B. Mrs. Gretchen Adent Picotte

Mailing Address P.O. Box 536606

City Orlando State FL Zip Code 32853-

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50906.E2318  
Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

3610.25

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial)  
C. Atlas Limousine

Mailing Address 8624 Western Oak Drive

City Springfield State VA Zip Code 22153-

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50906.E2321  
Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

858.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶

7641.64

TOTAL 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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)  
**A. Capitol Yacht Charters**

Mailing Address PO Box 70576

City Washington State DC Zip Code 20024-

Purpose of Disbursement  
 CATERING

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: 50906.E2322  
 Date of Disbursement  
 07 / 14 / 2005

Amount of Each Disbursement this Period  
 450.00

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**  
 MEMO: CATERING

Full Name (Last, First, Middle Initial)  
**B. Hyatt Regency Coconut Point**

Mailing Address 5001 Coconut Road

City Bonita Springs State FL Zip Code 34134-

Purpose of Disbursement  
 CATERING

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: 50906.E2320  
 Date of Disbursement  
 07 / 14 / 2005

Amount of Each Disbursement this Period  
 2261.62

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**  
 MEMO: CATERING

Full Name (Last, First, Middle Initial)  
**C. Mrs. Gretchen Adent Picotte**

Mailing Address P.O. Box 536806

City Orlando State FL Zip Code 32853-

Purpose of Disbursement  
 REIMBURSEMENT: SEE BELOW

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: 50906.E2379  
 Date of Disbursement  
 08 / 25 / 2005

Amount of Each Disbursement this Period  
 78.00

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

REIMBURSEMENT: SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **78.00**

**TOTAL** 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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)  
**A. Ted Poe for Congress**

Mailing Address P.O. Box 14222

City Humble State TX Zip Code 77947-

Purpose of Disbursement  
 CONTRIBUTION

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 51014.E2475  
 Date of Disbursement  
 07 / 22 / 2005

Amount of Each Disbursement this Period  
 1000.00

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. Advocacy Consulting**

Mailing Address 605 E. Robinson Street Suite 230

City Orlando State FL Zip Code 32801-

Purpose of Disbursement  
 FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 50713.E2293  
 Date of Disbursement  
 07 / 13 / 2005

Amount of Each Disbursement this Period  
 5000.00

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

FINANCE CONSULTING

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

Mailing Address 605 E. Robinson Street Suite 230

City Orlando State FL Zip Code 32801-

Purpose of Disbursement  
 FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 50906.E2329  
 Date of Disbursement  
 07 / 14 / 2005

Amount of Each Disbursement this Period  
 5000.00

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

FINANCE CONSULTING

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **11000.00**

**TOTAL** 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 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

**A. Advocacy Consulting**

Mailing Address 605 E. Robinson Street  
Suite 23D

City Orlando State FL Zip Code 32801-

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 50906.E2343

Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

FINANCE CONSULTING

Full Name (Last, First, Middle Initial)

**B. Bank of America- Visa**

Mailing Address P.O. Box 5270

City Carol Stream State IL Zip Code 60107-

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 50906.E2346

Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

2078.13

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)

**C. Tortilla Coast**

Mailing Address 400 1st Street, S.E.

City Washington State DC Zip Code 20018-

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 50906.E2349

Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

86.63

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional) ▶

7078.13

TOTAL 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 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)  
A. Royal Palm Yacht Club

Mailing Address 2360 W. First Street

City Fort Myers State FL Zip Code 33901-

Purpose of Disbursement  
EVENT

Candidate Name

Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District		

Category/  
Type

Transaction ID: 50906.E2350  
Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

1819.11

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: EVENT

Full Name (Last, First, Middle Initial)  
B. Bellwether Consulting Group

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
JUNE CONSULTING FEE

Candidate Name

Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District		

Category/  
Type

Transaction ID: 50906.E2327  
Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

2925.67

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

JUNE CONSULTING FEE

Full Name (Last, First, Middle Initial)  
C. Bellwether Consulting Group

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
JULY CONSULTING FEE

Candidate Name

Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District		

Category/  
Type

Transaction ID: 50906.E2336  
Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

JULY CONSULTING FEE

SUBTOTAL of Disbursements This Page (optional) ▶

4925.67

TOTAL 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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
 Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
 Bellwether Consulting Group

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
 1ST QUARTER COMMISSION

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: 50906.E2337  
 Date of Disbursement  
 08 / 08 / 2005

Amount of Each Disbursement this Period  
 3550.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

1ST QUARTER COMMISSION

**B.** Full Name (Last, First, Middle Initial)  
 Bellwether Consulting Group

Mailing Address 815 Slaters Lane

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
 AUGUST CONSULTING FEE

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: 50906.E2381  
 Date of Disbursement  
 08 / 25 / 2005

Amount of Each Disbursement this Period  
 2190.72

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

AUGUST CONSULTING FEE

**C.** Full Name (Last, First, Middle Initial)  
 Bruce Kyle Campaign Vendor

Mailing Address 1423 Sandra Dr

City Fort Myers State FL Zip Code 33901-5833

Purpose of Disbursement  
 CAMPAIGN CONTRIBUTION

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: 51014.E2420  
 Date of Disbursement  
 08 / 27 / 2005

Amount of Each Disbursement this Period  
 500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CAMPAIGN CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) ▶ **6240.72**

**TOTAL** 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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

**A.** Capitol Hill Club

Mailing Address 300 First Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50906.E2333

Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

1380.53

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

MEALS

Full Name (Last, First, Middle Initial)

**B.** Capitol Hill Club

Mailing Address 300 First Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51014.E2425

Date of Disbursement

08 / 27 / 2005

Amount of Each Disbursement this Period

1015.89

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

MEALS

Full Name (Last, First, Middle Initial)

**C.** Card Member Services - WorldPerks Visa

Mailing Address P.O. Box 780408

City Saint Louis State MO Zip Code 63179-

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50713.E2294

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

1427.75

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

3824.17

TOTAL 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

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. Iguana Mia

Mailing Address 4329 Cleveland Avenue

City State Zip Code  
Fort Myers FL 33904-

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought:	House	Disbursement For:	Primary	General
	Senate		Other (specify) ▼	
	President			

State: District

Category/  
Type

Transaction ID: 50906.E2300

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

94.01

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: MEALS

Full Name (Last, First, Middle Initial)

B. Party City

Mailing Address 5025 Cleveland Ave.

City State Zip Code  
Fort Myers FL 33907-

Purpose of Disbursement  
EVENT SUPPLIES

Candidate Name

Office Sought:	House	Disbursement For:	Primary	General
	Senate		Other (specify) ▼	
	President			

State: District

Category/  
Type

Transaction ID: 50906.E2308

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

319.65

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EVENT SUPPLIES

Full Name (Last, First, Middle Initial)

C. Target

Mailing Address 13711 S. Tamiami Trail

City State Zip Code  
Fort Myers FL 33912-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:	House	Disbursement For:	Primary	General
	Senate		Other (specify) ▼	
	President			

State: District

Category/  
Type

Transaction ID: 50906.E2305

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

5.50

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)  
A. Wholesale Screen & Printing

Mailing Address 3584 Mercantile Avenue

City State Zip Code  
Naples FL 34104-

Purpose of Disbursement  
EVENT SUPPLIES

Candidate Name

Office Sought:	House	Disbursement For:	Primary	General
	Senate		Other (specify) ▼	
	President			

State: District

Category/  
Type

Transaction ID: 50906.E2314  
Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

469.77

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EVENT SUPPLIES

Full Name (Last, First, Middle Initial)

B. Card Member Services - WorldPerks Visa

Mailing Address P.O. Box 760408

City State Zip Code  
Saint Louis MO 63170-

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Office Sought:	House	Disbursement For:	Primary	General
	Senate		Other (specify) ▼	
	President			

State: District

Category/  
Type

Transaction ID: 50906.E2351  
Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

2198.58

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)

C. Collier Athletic Club

Mailing Address 710 Goodlette Road

City State Zip Code  
Naples FL 34102-

Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:	House	Disbursement For:	Primary	General
	Senate		Other (specify) ▼	
	President			

State: District

Category/  
Type

Transaction ID: 50906.E2353  
Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

2034.97

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: CATERING

SUBTOTAL of Disbursements This Page (optional) ▶

2198.58

TOTAL 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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. Cingular Wireless

Mailing Address PO Box 31488

City Tampa State FL Zip Code 33631-3488

Purpose of Disbursement  
CM CELL PHONE

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50713.E2291

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

420.92

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CM CELL PHONE

Full Name (Last, First, Middle Initial)

B. Cingular Wireless

Mailing Address PO Box 31488

City Tampa State FL Zip Code 33631-3488

Purpose of Disbursement  
CELL PHONE

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50906.E2335

Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

428.48

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CELL PHONE

Full Name (Last, First, Middle Initial)

C. Cingular Wireless

Mailing Address PO Box 31488

City Tampa State FL Zip Code 33631-3488

Purpose of Disbursement  
CELL PHONE

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51014.E2435

Date of Disbursement

09 / 28 / 2005

Amount of Each Disbursement this Period

45.30

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CELL PHONE

SUBTOTAL of Disbursements This Page (optional) ▶

894.70

TOTAL 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

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

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NAME OF COMMITTEE (In Full)  
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)  
**A. Cingular Wireless**

Mailing Address PO Box 31488

City Tampa State FL Zip Code 33631-3488

Purpose of Disbursement  
 CELL PHONE

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: 51014.E2440  
 Date of Disbursement  
 09 / 30 / 2005

Amount of Each Disbursement this Period  
 106.09

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

CELL PHONE

Full Name (Last, First, Middle Initial)  
**B. The Donatelli Group**

Mailing Address 118 N. Saint Asaph Street

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
 ONLINE FUNDRAISING FEE

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: 50906.E2317  
 Date of Disbursement  
 07 / 14 / 2005

Amount of Each Disbursement this Period  
 5.50

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

ONLINE FUNDRAISING FEE

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

Mailing Address P. O. Box 1140

City Memphis State TN Zip Code 38101-

Purpose of Disbursement  
 DELIVERY

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: 50713.E2284  
 Date of Disbursement  
 07 / 13 / 2005

Amount of Each Disbursement this Period  
 147.78

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

DELIVERY

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **259.37**

**TOTAL** 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 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

**A. FedEx**

Mailing Address P. O. Box 1140

City Memphis State TN Zip Code 38101-

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: 50713.E2283

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

66.10

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

DELIVERY

Full Name (Last, First, Middle Initial)

**B. FedEx**

Mailing Address P. O. Box 1140

City Memphis State TN Zip Code 38101-

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: 50906.E2332

Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

29.51

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

DELIVERY

Full Name (Last, First, Middle Initial)

**C. FedEx**

Mailing Address P. O. Box 1140

City Memphis State TN Zip Code 38101-

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: 50906.E2340

Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

145.45

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

DELIVERY

**SUBTOTAL** of Disbursements This Page (optional) ▶

**241.06**

**TOTAL** 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 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

**A. FedEx**

Mailing Address P. O. Box 1140

City Memphis State TN Zip Code 38101-

Purpose of Disbursement  
DELIVERY

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 51014.E2428

Date of Disbursement

09 / 27 / 2005

Amount of Each Disbursement this Period

29.48

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

DELIVERY

Full Name (Last, First, Middle Initial)

**B. FedEx**

Mailing Address P. O. Box 1140

City Memphis State TN Zip Code 38101-

Purpose of Disbursement  
DELIVERY

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 51014.E2436

Date of Disbursement

09 / 28 / 2005

Amount of Each Disbursement this Period

31.66

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

DELIVERY

Full Name (Last, First, Middle Initial)

**C. FL Business Information, Inc.**

Mailing Address PO Box 193

City Bell State FL Zip Code 32819-

Purpose of Disbursement  
RESEARCH

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 50906.E2988

Date of Disbursement

08 / 14 / 2005

Amount of Each Disbursement this Period

650.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

RESEARCH

SUBTOTAL of Disbursements This Page (optional) ▶

711.14

TOTAL 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 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)  
**A. FL Business Information, Inc.**

Mailing Address PO Box 193

City Bell State FL Zip Code 32619-

Purpose of Disbursement  
RESEARCH

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/  
Type

Transaction ID: 51014.E2430  
Date of Disbursement  
09 / 27 / 2005

Amount of Each Disbursement this Period  
130.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

RESEARCH

Full Name (Last, First, Middle Initial)  
**B. Friends Of Max Burns Vendor**

Mailing Address PO Box 2776

City Arlington State VA Zip Code 22202-0776

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/  
Type

Transaction ID: 51014.E2421  
Date of Disbursement  
09 / 27 / 2005

Amount of Each Disbursement this Period  
1000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CAMPAIGN CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. Line 1 Communications**

Mailing Address 3400 Birchwood Manor

City Tallahassee State FL Zip Code 32312-

Purpose of Disbursement  
FAX/EMAIL SERVICES

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/  
Type

Transaction ID: 50713.E2277  
Date of Disbursement  
07 / 13 / 2005

Amount of Each Disbursement this Period  
417.34

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

FAX/ EMAIL SERVICES

**SUBTOTAL of Disbursements This Page (optional) 1547.34**

**TOTAL 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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

**A. Line 1 Communications**

Mailing Address 3400 Birchwood Manor

City Tallahassee State FL Zip Code 32312-

Purpose of Disbursement  
FAX/EMAIL SERVICES

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50906.E2341

Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

66.83

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

FAX/EMAIL SERVICES

Full Name (Last, First, Middle Initial)

**B. Nextel Communications**

Mailing Address P. O. Box 4181

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement  
KM CELL PHONE

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50713.E2279

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

298.57

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

KM CELL PHONE

Full Name (Last, First, Middle Initial)

**C. Nextel Communications**

Mailing Address P. O. Box 4181

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement  
CELL PHONE

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51014.E2427

Date of Disbursement

09 / 27 / 2005

Amount of Each Disbursement this Period

298.80

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CELL PHONE

SUBTOTAL of Disbursements This Page (optional) ▶

664.20

TOTAL 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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)  
A. Natl. Republican Congressional Committee

Mailing Address 320 First Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
IN KIND

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50906.C14309IK  
Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

98.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

IN KIND: IN KIND

Full Name (Last, First, Middle Initial)

B. SCM Associates, Inc.

Mailing Address 10 Main Street

City Jaffrey State NH Zip Code 03452-

Purpose of Disbursement  
DIRECT MAIL

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50713.E2285  
Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

9000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

DIRECT MAIL

Full Name (Last, First, Middle Initial)

C. SCM Associates, Inc.

Mailing Address 10 Main Street

City Jaffrey State NH Zip Code 03452-

Purpose of Disbursement  
DIRECT MAIL

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50906.E2342  
Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

12272.98

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

DIRECT MAIL

SUBTOTAL of Disbursements This Page (optional) ▶

21370.99

TOTAL 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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. SCM Associates, Inc.

Mailing Address 10 Main Street

City Jaffrey State NH Zip Code 03452-

Purpose of Disbursement  
 DIRECT MAIL

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
 Type

Transaction ID: 51014.E2429

Date of Disbursement

09 / 27 / 2005

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

DIRECT MAIL

Full Name (Last, First, Middle Initial)

B. Sir Speedy Printing

Mailing Address 317 N. Orange Avenue

City Orlando State FL Zip Code 32801-1610

Purpose of Disbursement  
 PRINTING

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
 Type

Transaction ID: 50713.E2292

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

2628.96

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

PRINTING

Full Name (Last, First, Middle Initial)

C. Sprint

Mailing Address P.O. Box 740802

City Cincinnati State OH Zip Code 45274-

Purpose of Disbursement  
 TELEPHONE

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
 Type

Transaction ID: 50713.E2290

Date of Disbursement

07 / 13 / 2005

Amount of Each Disbursement this Period

47.20

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

TELEPHONE

SUBTOTAL of Disbursements This Page (optional) ▶

2926.16

TOTAL 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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
 Friends of Connie Mack

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

Mailing Address P.O. Box 740602

City Cincinnati State OH Zip Code 45274-

Purpose of Disbursement  
 TELEPHONE

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 50713.E2289  
 Date of Disbursement  
 07 / 13 / 2005

Amount of Each Disbursement this Period  
 89.90

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

TELEPHONE

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

Mailing Address P.O. Box 740602

City Cincinnati State OH Zip Code 45274-

Purpose of Disbursement  
 TELEPHONE

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 50906.E2334  
 Date of Disbursement  
 08 / 08 / 2005

Amount of Each Disbursement this Period  
 94.87

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

TELEPHONE

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

Mailing Address P.O. Box 740602

City Cincinnati State OH Zip Code 45274-

Purpose of Disbursement  
 TELEPHONE

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 51014.E2431  
 Date of Disbursement  
 09 / 27 / 2005

Amount of Each Disbursement this Period  
 90.38

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

TELEPHONE

**SUBTOTAL** of Disbursements This Page (optional) ▶ **275.15**

**TOTAL** 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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)  
A. SunTrust Credit Card

Mailing Address PO Box 791250

City Baltimore State MD Zip Code 21279-1250

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50906.E2358  
Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)  
B. The Capital Grille

Mailing Address 601 Pennsylvania Ave., N.W.

City Washington State DC Zip Code 20004-

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50906.E2374  
Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

169.98

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: MEALS

Full Name (Last, First, Middle Initial)  
C. Dominos Pizza

Mailing Address 3674 Cleveland Avenue

City Fort Myers State FL Zip Code 33901-

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50906.E2373  
Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

76.91

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

TOTAL 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 41 / 57

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)  
A. Monocle Restaurant on Capitol Hill

Mailing Address 107 D Street, N.E.

City Washington State DC Zip Code 20002-

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District		

Category/  
Type

Transaction ID: 50906.E2383  
Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

573.64

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: MEALS

Full Name (Last, First, Middle Initial)  
B. Outback Steakhouse

Mailing Address 12665 S. Cleveland Avenue

City Fort Myers State FL Zip Code 33607-

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District		

Category/  
Type

Transaction ID: 50906.E2391  
Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

55.17

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: MEALS

Full Name (Last, First, Middle Initial)  
C. Tortilla Coast

Mailing Address 400 1st Street, S.E.

City Washington State DC Zip Code 20018-

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District		

Category/  
Type

Transaction ID: 50906.E2386  
Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

68.20

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL 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 42 / 57

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

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NAME OF COMMITTEE (In Full)  
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)  
**A. Atlas Limousine**

Mailing Address 8624 Western Oak Drive

City Springfield State VA Zip Code 22153-

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 50906.E2388  
 Date of Disbursement 08 / 09 / 2005

Amount of Each Disbursement this Period 198.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]  
 MEMO: TRAVEL

Full Name (Last, First, Middle Initial)  
**B. Bonita Springs Self Storage**

Mailing Address 8953 Terrene Court

City Bonita Springs State FL Zip Code 34135-

Purpose of Disbursement STORAGE

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 50906.E2380  
 Date of Disbursement 08 / 09 / 2005

Amount of Each Disbursement this Period 315.88

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]  
 MEMO: STORAGE

Full Name (Last, First, Middle Initial)  
**C. Capitol Hill Suites**

Mailing Address 200 C Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement LODGING

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 50906.E2382  
 Date of Disbursement 08 / 09 / 2005

Amount of Each Disbursement this Period 216.41

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]  
 MEMO: LODGING

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **0.00**

**TOTAL** 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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

**A. Cingular Wireless**

Mailing Address PO Box 31488

City Tampa State FL Zip Code 33631-3488

Purpose of Disbursement  
CELL PHONE

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50906.E2363

Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

320.48

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: CELL PHONE

Full Name (Last, First, Middle Initial)

**B. Enterprise Rent-A-Car**

Mailing Address 35 E. Colonial Drive

City Orlando State FL Zip Code 32801-

Purpose of Disbursement  
RENTAL CAR

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50906.E2378

Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

107.03

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: RENTAL CAR

Full Name (Last, First, Middle Initial)

**C. Marriott**

Mailing Address 1127 Connecticut Avenue NW

City Washington State DC Zip Code 20036-

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50906.E2384

Date of Disbursement

08 / 09 / 2005

Amount of Each Disbursement this Period

1034.10

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: LODGING

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL 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

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 (check only one)

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

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NAME OF COMMITTEE (In Full)  
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)  
**A. SunTrust Credit Card**

Mailing Address PO Box 791250

City Baltimore State MD Zip Code 21279-1250

Purpose of Disbursement  
 FINANCE CHARGE

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: 50906.E2372  
 Date of Disbursement  
 08 / 09 / 2005

Amount of Each Disbursement this Period  
 19.98

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**  
 MEMO: FINANCE CHARGE

Full Name (Last, First, Middle Initial)  
**B. US Airways**

Mailing Address 7 Park Center

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement  
 TRAVEL

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: 50906.E2381  
 Date of Disbursement  
 08 / 09 / 2005

Amount of Each Disbursement this Period  
 1590.69

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**  
 MEMO: TRAVEL

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

Mailing Address 611 N. Mills Avenue

City Orlando State FL Zip Code 32803-

Purpose of Disbursement  
 POSTAGE

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: 50906.E2382  
 Date of Disbursement  
 08 / 09 / 2005

Amount of Each Disbursement this Period  
 580.05

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**  
 MEMO: POSTAGE

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **0.00**

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

**A. SunTrust Credit Card**

Mailing Address PO Box 791250

City Baltimore State MD Zip Code 21279-1250

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/  
Type

Transaction ID: 50906.E2396

Date of Disbursement

08 / 27 / 2005

Amount of Each Disbursement this Period

3232.70

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)

**B. Collier County REC**

Mailing Address P. O. Box 7367

City Naples State FL Zip Code 34101-

Purpose of Disbursement  
EVENT TICKETS

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/  
Type

Transaction ID: 50906.E2396

Date of Disbursement

08 / 27 / 2005

Amount of Each Disbursement this Period

600.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EVENT TICKETS

Full Name (Last, First, Middle Initial)

**C. Riverside Hotel**

Mailing Address 620 E. Las Olas Blvd.

City Fort Lauderdale State FL Zip Code 33301-

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/  
Type

Transaction ID: 50906.E2406

Date of Disbursement

08 / 27 / 2005

Amount of Each Disbursement this Period

1056.28

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: LODGING

SUBTOTAL of Disbursements This Page (optional) ▶

3232.70

TOTAL 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

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)  
A. Amards Chicago Pizzeria

Mailing Address 226 Massachusetts Ave. N.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50906.E2397  
Date of Disbursement

08 / 27 / 2005

Amount of Each Disbursement this Period

167.99

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: MEALS

Full Name (Last, First, Middle Initial)  
B. Staples

Mailing Address 2774 East Colonial Drive

City Orlando State FL Zip Code 32803-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50906.E2409  
Date of Disbursement

08 / 27 / 2005

Amount of Each Disbursement this Period

10.46

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)  
C. US Airways

Mailing Address 7 Park Center

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 50906.E2401  
Date of Disbursement

08 / 27 / 2005

Amount of Each Disbursement this Period

346.90

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL 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

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

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NAME OF COMMITTEE (In Full)  
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. USPS Colonialtown

Mailing Address 611 N. Mills Avenue

City Orlando State FL Zip Code 32803-

Purpose of Disbursement  
 POSTAGE

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
 Type

Transaction ID: 50906.E2410

Date of Disbursement

08 / 27 / 2005

Amount of Each Disbursement this Period

111.00

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: POSTAGE

Full Name (Last, First, Middle Initial)

B. Yuma Solutions, Inc.

Mailing Address 1922 Miccosukee Road

City Tallahassee State FL Zip Code 32308-

Purpose of Disbursement  
 EMAIL SERVICES

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
 Type

Transaction ID: 50906.E2412

Date of Disbursement

08 / 27 / 2005

Amount of Each Disbursement this Period

10.90

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EMAIL SERVICES

Full Name (Last, First, Middle Initial)

C. SunTrust Credit Card

Mailing Address PO Box 791250

City Baltimore State MD Zip Code 21279-1250

Purpose of Disbursement  
 CREDIT CARD - SEE BELOW

Candidate Name

Office Sought: House Senate President  
 Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
 Type

Transaction ID: 51014.E2439

Date of Disbursement

08 / 23 / 2005

Amount of Each Disbursement this Period

4971.40

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

CREDIT CARD - SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

4971.40

TOTAL 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

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)  
**A. Corks Steakhouse**

Mailing Address 862 5th Ave S

City Naples State FL Zip Code 34102-8808

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 51014.E2472  
Date of Disbursement  
09 / 23 / 2005

Amount of Each Disbursement this Period  
246.38

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: MEALS

Full Name (Last, First, Middle Initial)  
**B. Northwest Airlines**

Mailing Address 5101 Northwest Drive

City Saint Paul State MN Zip Code 55111-

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 51014.E2487  
Date of Disbursement  
09 / 23 / 2005

Amount of Each Disbursement this Period  
75.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: TRAVEL

Full Name (Last, First, Middle Initial)  
**C. Cabbage Key, Inc.**

Mailing Address PO Box 200

City Pineland State FL Zip Code 33945-0200

Purpose of Disbursement  
EVENT/MEETING

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 51014.E2485  
Date of Disbursement  
09 / 23 / 2005

Amount of Each Disbursement this Period  
1723.54

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: EVENT/MEETING

**SUBTOTAL** of Disbursements This Page (optional) ▶ **0.00**

**TOTAL** 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 48 / 57

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

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
Bonita Springs Self Storage

Mailing Address 8953 Terrene Court

City Bonita Springs State FL Zip Code 34135-

Purpose of Disbursement  
STORAGE

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 51014.E2462  
Date of Disbursement  
09 / 23 / 2005

Amount of Each Disbursement this Period  
315.88

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: STORAGE

**B.** Full Name (Last, First, Middle Initial)  
Cingular Wireless

Mailing Address PO Box 31488

City Tampa State FL Zip Code 33631-3488

Purpose of Disbursement  
CELLULAR

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 51014.E2463  
Date of Disbursement  
09 / 23 / 2005

Amount of Each Disbursement this Period  
275.89

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: CELLULAR

**C.** Full Name (Last, First, Middle Initial)  
Enterprise Rent-A-Car

Mailing Address 35 E. Colonial Drive

City Orlando State FL Zip Code 32801-

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 51014.E2466  
Date of Disbursement  
09 / 23 / 2005

Amount of Each Disbursement this Period  
143.04

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: TRAVEL

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **0.00**

**TOTAL** 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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)  
**A. SunTrust Credit Card**

Mailing Address PO Box 791250

City Baltimore State MD Zip Code 21279-1250

Purpose of Disbursement  
 CREDIT CARD S/C

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: 51014.E2469  
 Date of Disbursement  
 09 / 23 / 2005

Amount of Each Disbursement this Period  
 50.85

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

[MEMO ITEM]  
 MEMO: CREDIT CARD S/C

Full Name (Last, First, Middle Initial)  
**B. The Inn on Fifth**

Mailing Address 699 5th Ave S

City Naples State FL Zip Code 34102

Purpose of Disbursement  
 TRAVEL

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: 51014.E2473  
 Date of Disbursement  
 09 / 23 / 2005

Amount of Each Disbursement this Period  
 386.00

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

[MEMO ITEM]  
 MEMO: TRAVEL

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

Mailing Address 611 N. Mills Avenue

City Orlando State FL Zip Code 32803

Purpose of Disbursement  
 POSTAGE

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: 51014.E2481  
 Date of Disbursement  
 09 / 23 / 2005

Amount of Each Disbursement this Period  
 148.00

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

[MEMO ITEM]  
 MEMO: POSTAGE

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **0.00**

**TOTAL** 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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. The UPS Store

Mailing Address 5100 S. Cleveland Avenue, #318

City Fort Myers State FL Zip Code 33907-

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51014.E2441

Date of Disbursement

09 / 22 / 2005

Amount of Each Disbursement this Period

100.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

POSTAGE

Full Name (Last, First, Middle Initial)

B. Visa Bank of America

Mailing Address P.O. Box 30770

City Tampa State FL Zip Code 33630-

Purpose of Disbursement  
CREDIT CARD - SEE BELOW

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51014.E2438

Date of Disbursement

09 / 13 / 2005

Amount of Each Disbursement this Period

2061.80

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD - SEE BELOW

Full Name (Last, First, Middle Initial)

C. Cabbage Key, Inc.

Mailing Address PO Box 200

City Pineland State FL Zip Code 33945-0200

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51014.E2443

Date of Disbursement

09 / 13 / 2005

Amount of Each Disbursement this Period

88.08

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional) ▶

2161.80

TOTAL 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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)  
**A. Crowne Plaza**

Mailing Address 1605 Broadway

City New York State NY Zip Code 10019-7406

Purpose of Disbursement  
 MEALS

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 51014.E2449  
 Date of Disbursement  
 09 / 13 / 2005

Amount of Each Disbursement this Period  
 25.68

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

[MEMO ITEM]  
 MEMO: MEALS

Full Name (Last, First, Middle Initial)  
**B. Crowne Plaza**

Mailing Address 1605 Broadway

City New York State NY Zip Code 10019-7406

Purpose of Disbursement  
 TRAVEL - HOTEL

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 51014.E2452  
 Date of Disbursement  
 09 / 13 / 2005

Amount of Each Disbursement this Period  
 262.74

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

[MEMO ITEM]  
 MEMO: TRAVEL - HOTEL

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

Mailing Address 1605 Broadway

City New York State NY Zip Code 10019-7406

Purpose of Disbursement  
 TRAVEL - HOTED

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 51014.E2455  
 Date of Disbursement  
 09 / 13 / 2005

Amount of Each Disbursement this Period  
 318.24

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

[MEMO ITEM]  
 MEMO: TRAVEL - HOTED

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **0.00**

**TOTAL** 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 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)

**A. Cato Travel**

Mailing Address 1800 N. Kent Street  
Suite 950

City Arlington State VA Zip Code 22209-

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51014.E2454

Date of Disbursement

09 / 13 / 2005

Amount of Each Disbursement this Period

92.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: TRAVEL

Full Name (Last, First, Middle Initial)

**B. Cato Travel**

Mailing Address 1800 N. Kent Street  
Suite 950

City Arlington State VA Zip Code 22209-

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51014.E2453

Date of Disbursement

09 / 13 / 2005

Amount of Each Disbursement this Period

81.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: TRAVEL

Full Name (Last, First, Middle Initial)

**C. Cingular Wireless**

Mailing Address PO Box 31488

City Tampa State FL Zip Code 33631-3488

Purpose of Disbursement  
CELLULAR

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51014.E2450

Date of Disbursement

09 / 13 / 2005

Amount of Each Disbursement this Period

277.44

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: CELLULAR

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL 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 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

Full Name (Last, First, Middle Initial)  
**A. US Airways**

Mailing Address 7 Park Center

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement  
TRAVEL

Candidate Name \_\_\_\_\_

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 51014.E2444  
Date of Disbursement  
09 / 13 / 2005

Amount of Each Disbursement this Period  
269.20

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**  
MEMO: TRAVEL

Full Name (Last, First, Middle Initial)  
**B. US Airways**

Mailing Address 7 Park Center

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement  
TRAVEL

Candidate Name \_\_\_\_\_

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 51014.E2445  
Date of Disbursement  
09 / 13 / 2005

Amount of Each Disbursement this Period  
336.20

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**  
MEMO: TRAVEL

Full Name (Last, First, Middle Initial)  
**C. Yuma Solutions, Inc.**

Mailing Address 1922 Miccosukee Road

City Tallahassee State FL Zip Code 32308-

Purpose of Disbursement  
COMPUTER MAINTENANCE

Candidate Name \_\_\_\_\_

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 50713.E2282  
Date of Disbursement  
07 / 13 / 2005

Amount of Each Disbursement this Period  
1689.50

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

COMPUTER MAINTENANCE

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **1689.50**

**TOTAL** 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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
 Friends of Connie Mack

Full Name (Last, First, Middle Initial)

A. Yuma Solutions, Inc.

Mailing Address 1922 Miccosukee Road

City Tallahassee State FL Zip Code 32308-

Purpose of Disbursement  
 COMPUTER MAINTENANCE

Candidate Name

Office Sought:	House	Disbursement For:	Primary	General
	Senate		Other (specify) ▼	
State:	District			

Category/  
 Type

Transaction ID: 50908.E2369

Date of Disbursement

08 / 14 / 2005

Amount of Each Disbursement this Period

745.75

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

COMPUTER MAINTENANCE

SUBTOTAL of Disbursements This Page (optional) ▶

745.75

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

118526.22

**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

Full Name (Last, First, Middle Initial)

A. Mary Bush

Mailing Address P. O. Box 1546

City Hobo Sound State FL Zip Code 33475-

Purpose of Disbursement  
 Refund of Contribution NSF - deposit Ck

Candidate Name

Office Sought: House Senate President  
 Disbursement For: 2006 Primary General  
 Other (specify) ▼

State: District Primary 2006

010  
 Category/  
 Type

Transaction ID: 51014.E2459

Date of Disbursement

09 / 28 / 2005

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Mary Bush

Mailing Address P. O. Box 1546

City Hobo Sound State FL Zip Code 33475-

Purpose of Disbursement  
 Refund of Contribution NSF - deposit ck#

Candidate Name

Office Sought: House Senate President  
 Disbursement For: 2006 Primary General  
 Other (specify) ▼

State: District 2006 General- Federa

010  
 Category/  
 Type

Transaction ID: 60114.E2616

Date of Disbursement

09 / 28 / 2005

Amount of Each Disbursement this Period

750.00

Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

1000.00



**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

(Use separate schedule(s) for each numbered line)	PAGE 57 / 57
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	
<input checked="" type="checkbox"/> 10	

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Arthur J. Finkelstein & Assoc.		<b>Nature of Debt (Purpose):</b> Political Consulting	
<b>Mailing Address</b> 16 N. Astor Street			
<b>City</b> Irvington	<b>State</b> NY	<b>ZIP Code</b> 10533-	
Outstanding Balance Beginning This Period 2000.00		Transaction ID: 2LS50713.E2288	
Amount Incurred This Period 0.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 0.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Jamestown Associates		<b>Nature of Debt (Purpose):</b>	
<b>Mailing Address</b> 5 Mapletown Road, #300			
<b>City</b> Princeton	<b>State</b> NJ	<b>ZIP Code</b> 08540-	
Outstanding Balance Beginning This Period 3650.00		Transaction ID: LS50623.E2254	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3650.00	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>3650.00</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	<b>3650.00</b>
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b>	▶	