

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Friends of Connie Mack

ADDRESS (number and street) P.O. Box 519

Check if different than previously reported. (ACC)

Naples FL 34106

2. **FEC IDENTIFICATION NUMBER** C00391243

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

CITY STATE ZIP CODE STATE DISTRICT

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 11 25 2008 through 12 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Craig Engle

Signature of Treasurer Electronically Filed by Craig Engle Date 01 30 2009

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Friends of Connie Mack

Report Covering the Period:

From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	703.76	977636.22
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	703.76	977636.22
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	30587.70	83490.50
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	30587.70	83490.50
8. Cash on Hand at Close of Reporting Period (from Line 27).....	501085.89	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**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

Write or Type Committee Name  
Friends of Connie Mack

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

500.00

900097.79

(ii) Unitemized.....

203.76

77538.43

(iii) TOTAL of contributions

703.76

977636.22

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

703.76

977636.22

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

703.76

977636.22

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	30587.70	83490.50
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	30587.70	83490.50

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	530969.83
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	703.76
25. SUBTOTAL (add Line 23 and Line 24).....	531673.59
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	30587.70
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	501085.89

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 28  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)  
Sandra Stein

Mailing Address 915 Benedict Canyon Dr

City State Zip Code  
Beverly Hills CA 90210-2842

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

Name of Employer Self Employed Occupation  
attorney

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: 90129.C19713

Amount of Each Receipt this Period  
500.00

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

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

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

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

FOR LINE NUMBER: (check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc.	Transaction ID: 90129.E4548 Date of Disbursement 12 / 19 / 2008
	Mailing Address 16 N. Astor Street	Amount of Each Disbursement this Period 2000.00
	City Irvington State NY Zip Code 10533-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement political consulting fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POLITICAL CONSULTING FEE

B.	Full Name (Last, First, Middle Initial) Jamestown Associates	Transaction ID: 90129.E4555 Date of Disbursement 12 / 19 / 2008
	Mailing Address 5 Mapletown Road, #300	Amount of Each Disbursement this Period 953.15
	City Princeton State NJ Zip Code 08540-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement direct mail Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		DIRECT MAIL

C.	Full Name (Last, First, Middle Initial) Mr. Rob Jennings	Transaction ID: 90129.E4547 Date of Disbursement 12 / 03 / 2008
	Mailing Address American Event Consulting, Inc. 501 L St NW	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement fundraising consulting fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FUNDRAISING CONSULTING FEE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3953.15
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)  
Mr. Patrick McQuillan

Transaction ID: 90129.E4545  
Date of Disbursement

Mailing Address 3048 Horizon Ln Apt 1103

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	8

City Naples State FL Zip Code 34109-8960

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
fundraising consulting fee  
Candidate Name

Category/  
Type

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

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

FUNDRAISING CONSULTING FEE

B.

Full Name (Last, First, Middle Initial)  
Ashley Payne

Transaction ID: 90129.E4650  
Date of Disbursement

Mailing Address 1050 Connecticut Ave NW

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	8

City Washington State DC Zip Code 20036-5308

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
compensation  
Candidate Name

Category/  
Type

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

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

COMPENSATION

C.

Full Name (Last, First, Middle Initial)  
Florida Business Information, Inc.

Transaction ID: 90129.E4551  
Date of Disbursement

Mailing Address PO Box 193

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	0	8

City Bell State FL Zip Code 32619-

Amount of Each Disbursement this Period

130.00
--------

Purpose of Disbursement  
newspaper clipping service  
Candidate Name

Category/  
Type

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

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

NEWSPAPER CLIPPING SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

3130.00
---------

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)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</b>	Full Name (Last, First, Middle Initial) Edonation 1 Account  Mailing Address 118 N Saint Asaph St  City Alexandria State VA Zip Code 22314-3110  Purpose of Disbursement fundraising fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4646 Date of Disbursement 12 / 29 / 2008  Amount of Each Disbursement this Period 73.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>FUNDRAISING FEE</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Business Card (formerly Platinum Plus)  Mailing Address PO Box 15710  City Wilmington State DE Zip Code 19886-5710  Purpose of Disbursement credit card fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4645 Date of Disbursement 12 / 19 / 2008  Amount of Each Disbursement this Period 20.77  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>CREDIT CARD FEE</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Hummel Printing Corp  Mailing Address 850 Springfield Rd. PO Box 3199  City Union State NJ Zip Code 07083-  Purpose of Disbursement direct mail services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4546 Date of Disbursement 12 / 01 / 2008  Amount of Each Disbursement this Period 570.09  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>DIRECT MAIL SERVICES</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>663.86</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P. O. Box 360002</p> <p>City Fort Lauderdale State FL Zip Code 33336-</p> <p>Purpose of Disbursement CREDIT CARD: SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90129.E4579 <b>Date of Disbursement</b> 12 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 16111.91</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CREDIT CARD: SEE BELOW</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Avis Rent-A-Car</p> <p>Mailing Address 6 Sylvan Way</p> <p>City Parsippany State NJ Zip Code 07054-</p> <p>Purpose of Disbursement travel expense- car rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90129.E4611 <b>Date of Disbursement</b> 12 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 187.21</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE- CAR RENTAL</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bellasera Resort</p> <p>Mailing Address 221 South 9th Street</p> <p>City Naples State FL Zip Code 34102-</p> <p>Purpose of Disbursement Election Night Event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90129.E4586 <b>Date of Disbursement</b> 12 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 3022.29</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: ELECTION NIGHT EVENT</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	16111.91
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) The Capital Grille</p> <p>Mailing Address 601 Pennsylvania Ave., N.W.</p> <p>City Washington State DC Zip Code 20004-</p> <p>Purpose of Disbursement meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90129.E4629</p> <p>Date of Disbursement 12 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: MEALS</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Costco</p> <p>Mailing Address 7171 Cypress Lake Drive</p> <p>City Fort Myers State FL Zip Code 33907-</p> <p>Purpose of Disbursement event supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90129.E4631</p> <p>Date of Disbursement 12 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 464.81</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: EVENT SUPPLIES</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 1590 N. Federal Highway</p> <p>City Fort Lauderdale State FL Zip Code 33305-</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90129.E4587</p> <p>Date of Disbursement 12 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 158.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</b>	Full Name (Last, First, Middle Initial) Olive Garden <hr/> Mailing Address 12870 Cleveland Avenue <hr/> City Fort Myers State FL Zip Code 33907- <hr/> Purpose of Disbursement meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4624 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">36.65</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	9	/	2	0	0	8	36.65
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	1	9	/	2	0	0	8														
36.65																							
<b>B.</b>	Full Name (Last, First, Middle Initial) Target <hr/> Mailing Address 13711 S. Tamiami Trail <hr/> City Fort Myers State FL Zip Code 33912- <hr/> Purpose of Disbursement event supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4632 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">88.79</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: EVENT SUPPLIES	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	9	/	2	0	0	8	88.79
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	1	9	/	2	0	0	8														
88.79																							
<b>C.</b>	Full Name (Last, First, Middle Initial) Office Max <hr/> Mailing Address 5100 S. Cleveland Avenue <hr/> City Fort Myers State FL Zip Code 33907- <hr/> Purpose of Disbursement office supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4607 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: right;">8.98</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	9	/	2	0	0	8	8.98
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	1	9	/	2	0	0	8														
8.98																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<table border="1"> <tr> <td style="text-align: right;">0.00</td> </tr> </table>	0.00
0.00		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td style="text-align: right;"> </td> </tr> </table>	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)  
Party City

Mailing Address 5025 Cleveland Ave.

City State Zip Code  
Fort Myers FL 33907-

Purpose of Disbursement  
event supplies  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 90129.E4634  
Date of Disbursement

12 / 19 / 2008

Amount of Each Disbursement this Period

73.00

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

[MEMO ITEM]

MEMO: EVENT SUPPLIES

B.

Full Name (Last, First, Middle Initial)  
Simulscribe Inc

Mailing Address 34 Broad Street

City State Zip Code  
Red Bank NJ 07701-

Purpose of Disbursement  
messaging service  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 90129.E4613  
Date of Disbursement

12 / 19 / 2008

Amount of Each Disbursement this Period

29.95

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

[MEMO ITEM]

MEMO: MESSAGING SERVICE

C.

Full Name (Last, First, Middle Initial)  
ABC Fine Wine & Spirits

Mailing Address 1000 Crosspointe Dr

City State Zip Code  
Naples FL 34110-0917

Purpose of Disbursement  
event expense  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 90129.E4640  
Date of Disbursement

12 / 19 / 2008

Amount of Each Disbursement this Period

550.12

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

[MEMO ITEM]

MEMO: EVENT EXPENSE

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)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

**A.** Full Name (Last, First, Middle Initial)  
AT&T- Cingular Wireless

Mailing Address PO Box 31488

City Tampa State FL Zip Code 33631-3488

Purpose of Disbursement telephone service

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90129.E4593  
Date of Disbursement 12 / 19 / 2008

Amount of Each Disbursement this Period 494.42

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

**[MEMO ITEM]**  
MEMO: TELEPHONE SERVICE

**B.** 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) ▼

Transaction ID: 90129.E4638  
Date of Disbursement 12 / 19 / 2008

Amount of Each Disbursement this Period 157.94

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

**[MEMO ITEM]**  
MEMO: STORAGE

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

Mailing Address 300 First Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement Event Expense

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90129.E4594  
Date of Disbursement 12 / 19 / 2008

Amount of Each Disbursement this Period 3539.61

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

**[MEMO ITEM]**  
MEMO: EVENT EXPENSE

**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)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: 90129.E4595 Date of Disbursement 12 / 19 / 2008
	Mailing Address 300 First Street, S.E.	Amount of Each Disbursement this Period 125.51
	City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement meals Candidate Name	<b>[MEMO ITEM]</b> MEMO: MEALS
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Chops City Grill	Transaction ID: 90129.E4585 Date of Disbursement 12 / 19 / 2008
	Mailing Address 837 5th Avenue South	Amount of Each Disbursement this Period 118.37
	City Naples State FL Zip Code 34102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement meals Candidate Name	<b>[MEMO ITEM]</b> MEMO: MEALS
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: 90129.E4622 Date of Disbursement 12 / 19 / 2008
	Mailing Address P. O. Box 1140	Amount of Each Disbursement this Period 198.26
	City Memphis State TN Zip Code 38101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement express mail delivery Candidate Name	<b>[MEMO ITEM]</b> MEMO: EXPRESS MAIL DELIVE- RY
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) FedEx  Mailing Address P. O. Box 1140  City Memphis State TN Zip Code 38101-  Purpose of Disbursement express mail delivery Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4584 Date of Disbursement 12 / 19 / 2008  Amount of Each Disbursement this Period 159.08  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: EXPRESS MAIL DELIVERY
B.	Full Name (Last, First, Middle Initial) Hess  Mailing Address 3200 Colonial Blvd  City State Zip Code 33966-1032  Purpose of Disbursement travel expense- gas Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4628 Date of Disbursement 12 / 19 / 2008  Amount of Each Disbursement this Period 41.50  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE- GAS
C.	Full Name (Last, First, Middle Initial) Staples  Mailing Address 2774 East Colonial Drive  City Orlando State FL Zip Code 32803-  Purpose of Disbursement office supplies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4588 Date of Disbursement 12 / 19 / 2008  Amount of Each Disbursement this Period 190.77  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 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: (check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)  
The Edison

Mailing Address 3583 McGregor Blvd

City State Zip Code  
Fort Myers FL 33901-7719

Purpose of Disbursement  
meals

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90129.E4637  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	8	

Amount of Each Disbursement this Period

23.00
-------

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

**[MEMO ITEM]**  
MEMO: MEALS

B.

Full Name (Last, First, Middle Initial)  
The UPS Store

Mailing Address 5100 S. Cleveland Avenue, #318

City State Zip Code  
Fort Myers FL 33907-

Purpose of Disbursement  
mail forwarding service

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90129.E4641  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	8	

Amount of Each Disbursement this Period

197.39
--------

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

**[MEMO ITEM]**  
MEMO: MAIL FORWARDING SERVICE

C.

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

Mailing Address 7 Park Center

City State Zip Code  
Pittsburgh PA 15220-

Purpose of Disbursement  
travel expense- airline tickets

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90129.E4591  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	8	

Amount of Each Disbursement this Period

979.50
--------

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

**[MEMO ITEM]**  
MEMO: TRAVEL EXPENSE- AIRLINE TICKETS

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)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</b>	Full Name (Last, First, Middle Initial) US House of Rep. Gift Shop  Mailing Address B-217 Longworth Bldg.  City Washington State DC Zip Code 20515-  Purpose of Disbursement campaign supplies Candidate Name <span style="float: right;">Category/Type</span>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90129.E4618 Date of Disbursement 12 / 19 / 2008  Amount of Each Disbursement this Period 73.17  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CAMPAIGN SUPPLIES
<b>B.</b>	Full Name (Last, First, Middle Initial) USPS  Mailing Address 1050 Connecticut Ave, NW  City Washington State DC Zip Code 20036-  Purpose of Disbursement mail services Candidate Name <span style="float: right;">Category/Type</span>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90129.E4619 Date of Disbursement 12 / 19 / 2008  Amount of Each Disbursement this Period 84.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MAIL SERVICES
<b>C.</b>	Full Name (Last, First, Middle Initial) Useppa Inn and Dock  Mailing Address PO Box 640  City Bokeelia State FL Zip Code 33922-0640  Purpose of Disbursement Event expense Candidate Name <span style="float: right;">Category/Type</span>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90129.E4580 Date of Disbursement 12 / 19 / 2008  Amount of Each Disbursement this Period 387.84  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: EVENT EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</b>	Full Name (Last, First, Middle Initial) Alis Pizza <hr/> Mailing Address 1382 E Capitol St NE <hr/> City Washington State DC Zip Code 20003-1533 <hr/> Purpose of Disbursement meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4621 Date of Disbursement 12 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 59.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
<b>B.</b>	Full Name (Last, First, Middle Initial) Verizon Wireless <hr/> Mailing Address 131 North Court House Rd <hr/> City Arlington State VA Zip Code 22201- <hr/> Purpose of Disbursement telephone service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4612 Date of Disbursement 12 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 298.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TELEPHONE SERVICE
<b>C.</b>	Full Name (Last, First, Middle Initial) United Airlines <hr/> Mailing Address 2 North LaSalle St <hr/> City Chicago State IL Zip Code 60602- <hr/> Purpose of Disbursement travel expense- airline tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4620 Date of Disbursement 12 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 1289.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE- AIR-LINE TICKETS

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)  
The Palm

Mailing Address 1225 19th Street, NW

City Washington State DC Zip Code 20036-

Purpose of Disbursement  
meals

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 90129.E4582  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	0	8

Amount of Each Disbursement this Period

2	4	0	0	.	0	0
---	---	---	---	---	---	---

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

**[MEMO ITEM]**  
MEMO: MEALS

B.

Full Name (Last, First, Middle Initial)  
Grillroom Chophouse & Wine Bar

Mailing Address 23161 Village Shops Way

City Estero State FL Zip Code 33928-

Purpose of Disbursement  
meals

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 90129.E4617  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	0	8

Amount of Each Disbursement this Period

2	5	.	3	0
---	---	---	---	---

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

**[MEMO ITEM]**  
MEMO: MEALS

C.

Full Name (Last, First, Middle Initial)  
Grillroom Chophouse & Wine Bar

Mailing Address 23161 Village Shops Way

City Estero State FL Zip Code 33928-

Purpose of Disbursement  
meals

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 90129.E4626  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	0	8

Amount of Each Disbursement this Period

5	2	.	5	0
---	---	---	---	---

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	0	0	0	.	0	0
---	---	---	---	---	---	---

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

0	0	0	0	.	0	0
---	---	---	---	---	---	---

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</b>	Full Name (Last, First, Middle Initial) Millers Ale House <hr/> Mailing Address 6320 Hollywood Blvd <hr/> City Naples State FL Zip Code 34109- <hr/> Purpose of Disbursement meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4596 Date of Disbursement 12 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 172.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
<b>B.</b>	Full Name (Last, First, Middle Initial) Ruths Chris Steakhouse <hr/> Mailing Address 1700 Tamiami Trail, Space #A-12 <hr/> City Naples State FL Zip Code 34102- <hr/> Purpose of Disbursement meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4614 Date of Disbursement 12 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
<b>C.</b>	Full Name (Last, First, Middle Initial) Ridgeway Bar & Grill <hr/> Mailing Address 1300 3rd St S <hr/> City Naples State FL Zip Code 34102-7220 <hr/> Purpose of Disbursement event expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4635 Date of Disbursement 12 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 966.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: EVENT EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)  
Southwest Florida International Airport

Mailing Address 11000 Terminal Access Rd Ste 8671S  
Suite 8671

City Fort Myers State FL Zip Code 33913-8209

Purpose of Disbursement  
travel expense- parking

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90129.E4625

Date of Disbursement

12 / 19 / 2008

Amount of Each Disbursement this Period

90.00

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

[MEMO ITEM]

MEMO: TRAVEL EXPENSE- PAR-  
KING

B.

Full Name (Last, First, Middle Initial)  
Vergina

Mailing Address 700 5th Ave S

City Naples State FL Zip Code 34102-6604

Purpose of Disbursement  
meals

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90129.E4600

Date of Disbursement

12 / 19 / 2008

Amount of Each Disbursement this Period

172.04

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

[MEMO ITEM]

MEMO: MEALS

C.

Full Name (Last, First, Middle Initial)  
AT&T- Cingular Wireless

Mailing Address PO Box 31488

City Tampa State FL Zip Code 33631-3488

Purpose of Disbursement  
cell phone service

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90129.E4544

Date of Disbursement

12 / 01 / 2008

Amount of Each Disbursement this Period

299.10

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

CELL PHONE SERVICE

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

299.10

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)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless <hr/> Mailing Address PO Box 31488 <hr/> City Tampa State FL Zip Code 33631-3488 <hr/> Purpose of Disbursement cell phone service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4652 Date of Disbursement 12 / 29 / 2008 <hr/> Amount of Each Disbursement this Period 350.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELL PHONE SERVICE
B.	Full Name (Last, First, Middle Initial) Capitol One <hr/> Mailing Address P. O. Box 60024 <hr/> City City Of Industry State CA Zip Code 91716- <hr/> Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4556 Date of Disbursement 12 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 1416.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW
C.	Full Name (Last, First, Middle Initial) Collier Co Rep Executive Committee <hr/> Mailing Address P. O. Box 7367 <hr/> City Naples State FL Zip Code 34101- <hr/> Purpose of Disbursement Convention Night Event Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4574 Date of Disbursement 12 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 40.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CONVENTION NIGHT EV-ENT

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

1767.18

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)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) County Leadership Collier	Transaction ID: 90129.E4578 Date of Disbursement 12 / 19 / 2008
	Mailing Address	Amount of Each Disbursement this Period 100.00
	City: Naples State: FL Zip Code: 34104- Purpose of Disbursement: annual dues Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: ANNUAL DUES

B.	Full Name (Last, First, Middle Initial) Lee County	Transaction ID: 90129.E4576 Date of Disbursement 12 / 19 / 2008
	Mailing Address 1736 Jackson Street	Amount of Each Disbursement this Period 250.00
	City: Fort Myers State: FL Zip Code: 33901- Purpose of Disbursement: sign permit Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: SIGN PERMIT

C.	Full Name (Last, First, Middle Initial) Lee County Republicans	Transaction ID: 90129.E4575 Date of Disbursement 12 / 19 / 2008
	Mailing Address P. O. Box 61465	Amount of Each Disbursement this Period 90.00
	City: Fort Myers State: FL Zip Code: 33906- Purpose of Disbursement: event tickets Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: EVENT TICKETS

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.	Full Name (Last, First, Middle Initial) Party City	Transaction ID: 90129.E4561 Date of Disbursement
	Mailing Address 5025 Cleveland Ave.	<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City State Zip Code Fort Myers FL 33907-	Amount of Each Disbursement this Period <input type="text" value="97.89"/>
	Purpose of Disbursement event supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="text" value="Category/Type"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: EVENT SUPPLIES

B.	Full Name (Last, First, Middle Initial) Big Brothers Big Sisters	Transaction ID: 90129.E4577 Date of Disbursement
	Mailing Address 2400 Tamiami Trl # 303	<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City State Zip Code Naples FL 34103-	Amount of Each Disbursement this Period <input type="text" value="200.00"/>
	Purpose of Disbursement event ticket	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="text" value="Category/Type"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: EVENT TICKET

C.	Full Name (Last, First, Middle Initial) Naples Womens Republican Club	Transaction ID: 90129.E4569 Date of Disbursement
	Mailing Address 194 Tamiami Trail	<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City State Zip Code Naples FL 34102-	Amount of Each Disbursement this Period <input type="text" value="60.00"/>
	Purpose of Disbursement Luncheon tickets	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="text" value="Category/Type"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> MEMO: LUNCHEON TICKETS

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)  
Naples Womens Republican Club

Mailing Address 194 Tamiami Trail

City Naples State FL Zip Code 34102-

Purpose of Disbursement  
Luncheon tickets

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90129.E4568  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	0	8

Amount of Each Disbursement this Period

60.00
-------

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

[MEMO ITEM]

MEMO: LUNCHEON TICKETS

B.

Full Name (Last, First, Middle Initial)  
USPS

Mailing Address Pagefield Postal Store

City Fort Myers State FL Zip Code 33907-1403

Purpose of Disbursement  
postage

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90129.E4572  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	0	8

Amount of Each Disbursement this Period

0.41
------

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

[MEMO ITEM]

MEMO: POSTAGE

C.

Full Name (Last, First, Middle Initial)  
Mrs. Kara Wright

Mailing Address 5100 S. Cleveland Ave., #318 PMB 3

City Fort Myers State FL Zip Code 33907-

Purpose of Disbursement  
travel expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 90129.E4573  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	0	8

Amount of Each Disbursement this Period

122.85
--------

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

[MEMO ITEM]

MEMO: TRAVEL EXPENSE

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)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Chase Card Services</p> <p>Mailing Address PO Box 15153</p> <p>City Wilmington State DE Zip Code 19886-5153</p> <p>Purpose of Disbursement CREDIT CARD: SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90129.E4642 <b>Date of Disbursement</b> 12 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 62.63</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CREDIT CARD: SEE BELOW</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Chase Card Services</p> <p>Mailing Address PO Box 15153</p> <p>City Wilmington State DE Zip Code 19886-5153</p> <p>Purpose of Disbursement credit card fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90129.E4643 <b>Date of Disbursement</b> 12 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 45.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: CREDIT CARD FEE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) eFax</p> <p>Mailing Address j2 Global Communications 6922 Hollywood Blvd</p> <p>City Los Angeles State CA Zip Code 90028-</p> <p>Purpose of Disbursement fax services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90129.E4644 <b>Date of Disbursement</b> 12 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 16.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: FAX SERVICES</p>

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

62.63

**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)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

A.

Full Name (Last, First, Middle Initial)  
Jivaldi LLC

Mailing Address 707 MOUNT Errigal Pl

City Lincoln State CA Zip Code 95648-

Purpose of Disbursement  
website service fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: 90129.E4553

Date of Disbursement

12 / 19 / 2008

Amount of Each Disbursement this Period

229.00

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

WEBSITE SERVICE FEES

B.

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

Mailing Address 3400 Birchwood Manor

City Tallahassee State FL Zip Code 32312-

Purpose of Disbursement  
fax/email services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: 90129.E4550

Date of Disbursement

12 / 19 / 2008

Amount of Each Disbursement this Period

917.12

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

FAX/EMAIL SERVICES

C.

Full Name (Last, First, Middle Initial)  
SCM Associates, Inc.

Mailing Address 1283 Main Street  
PO Box 254

City Dublin State NH Zip Code 03444-

Purpose of Disbursement  
direct mail and telemarketing

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: 90129.E4549

Date of Disbursement

12 / 19 / 2008

Amount of Each Disbursement this Period

3012.43

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

DIRECT MAIL AND TELEMARKE-  
TING

SUBTOTAL of Disbursements This Page (optional) .....

4158.55

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)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Friends of Connie Mack

<b>A.</b>	Full Name (Last, First, Middle Initial) Sprint - Embarq  Mailing Address P.O. Box 740602  City Cincinnati State OH Zip Code 45274-  Purpose of Disbursement telephone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4552 Date of Disbursement 12 / 19 / 2008  Amount of Each Disbursement this Period 81.32  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  TELEPHONE
<b>B.</b>	Full Name (Last, First, Middle Initial) USPS  Mailing Address 1050 Connecticut Ave, NW  City Washington State DC Zip Code 20036-  Purpose of Disbursement postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81203.E4540 Date of Disbursement 11 / 26 / 2008  Amount of Each Disbursement this Period 126.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  POSTAGE
<b>C.</b>	Full Name (Last, First, Middle Initial) Yuma Solutions, Inc.  Mailing Address 1922 Miccosukee Road  City Tallahassee State FL Zip Code 32308-  Purpose of Disbursement blackberry service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90129.E4554 Date of Disbursement 12 / 19 / 2008  Amount of Each Disbursement this Period 234.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  BLACKBERRY SERVICE

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

441.32

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

30587.70