FEC FORM 3	AND DIS	T OF REC SBURSEN Authorized Comm	IENTS		Offi	ce Use Only
1. NAME OF COMMITTEE (in	full) USE FEC MAIL OR TYPE OR F		ample:If typing, typer the lines	be		
ADDRESS (number a	nd street)	19 19		· · · · · ·		
2. FEC IDENTIFICA		CITY A 3. IS THIS REPORT	X NEW (N)		AMENDED	ZIP CODE A STATE V DISTRICT
July 15		Election on	E-Election Report Primary (12P) Convention (12	C)	General (12G) Special (12S)	in the State of
Termina	ation Report (TER)	Election on	General (30G)		Runoff (30R)	in the State of
5. Covering Period	11 25	2008	through	12	3 1	2008
Type or Print Name of Signature of Treasure		Engle Craig Engle		Date	01	3 0 2 0 0 9 alties of 2 U.S.C 437g.
Office Use Only FE5AN018						FEC FORM 3 (Revised 02/2003)

mage	# 29990885682 FEC Form 3 (Revised 02/2003)	SUMMARY PAGE of Receipts and Disbursements	Page 2
W	Irite or Type Committee Name		
F	riends of Connie Mack		
R		1 D D Y Y Y Y 1 25 2008	To: M M D D T Y Y Y Y Y 3 1 2 3 1 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 TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY 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

	C Form 3 (Revised 12/2003)	DETAILED SUMMARY PAGE of Receipts	Page 3
	Connie Mack		
Report Cove	ering the Period: From:	^{M M} 1 2 5 2 0 0 8	To: 12 D D Y Y Y Y 31 2001
	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
1. CONTRI	BUTIONS (other than loans) FROM:		
Poli	viduals/Persons Other Than tical Committees Itemized (use Schedule A)	500.00	900097.79
		203.76	77538.43
(iii)	Unitemized TOTAL of contributions from individuals	703.76	977636.22
(b) Poli	tical Party Committees	0.00	0.00
(c) Oth	er Political Committees ch as PACS)	0.00	0.00
()	Candidate	0.00	0.00
(oth	er than loans) d Lines 11(a)(iii), (b), (c), and (d))	703.76	977636.22
	FERS FROM OTHER RIZED COMMITTEES	0.00	0.00
3. LOANS			
.,	de or Guaranteed by the ndidate	0.00	0.00
	Other Loans	0.00	0.00
(c) TO	TAL LOANS d Lines 13(a) and (b))	0.00	0.00
	S TO OPERATING DITURES	0.00	0.00
	s, Rebates, etc.)	0.00	0.00
5. OTHER (Dividend	RECEIPTS ds, Interest, etc.)	0.00	0.00
	RECEIPTS (add Lines 2, 13(c), 14, and 15) Dotal to Line 24, page 4)	703.76	977636.22

Image# 29990885684

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 30587.70 83490.50 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of all Other Loans..... (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other 0.00 0.00 Than Political Committees..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS.....

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)

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

30587.70

83490.50

FE5AN018

	SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate sch for each category Detailed Summa	of the	FOR LINE NUMBER: PAGE 5 / 28 (check only one) I1a X 11a 11b 11c 11d I2 I3a 13b 14 15
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Friends of Connie Mack	atements may name and add	y not be sold or used dress of any political	by any person committee to so	for the purpose of soliciting contributions olicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Sandra Stein Mailing Address 915 Benedict Canyon E City	Zip Code		Date of Receipt 1 2 2 9 2 0 0 8 Transaction ID: 90129.C19713	
	Beverly Hills FEC ID number of contributing federal political committee.	CA C Occupation	90210-2842	•	Amount of Each Receipt this Period 500.00 Receipt
	Self Employed [^] Receipt For: 2010 X Primary General Other (specify) ▼	attorney Election C	Cycle-to-Date V	500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	►	500.00
TOTAL This Period (last page this line number only)	►	500.00

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 6/28
FEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
ny Information copied from such Reports and State r for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
Friends of Connie Mack			
Full Name (Last, First, Middle Initial) Arthur J. Finkelstein & Assoc.			Transaction ID: 90129.E4548 Date of Disbursement
Mailing Address 16 N. Astor Street			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \right) \left(\begin{array}{c} D \\ 1 \\ 9 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} Y \\ Y $
City Irvington	State Zip Code NY 10533-		Amount of Each Disbursement this Period
Purpose of Disbursement			2000.00
political consulting fee Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify)	. , , , , , , , , , , , , , , , , , , ,	POLITICAL CONSULTING FEE
Full Name (Last, First, Middle Initial)			Transaction ID: 00120 E4555
Jamestown Associates			Matrix Particular Particular<
Mailing Address 5 Mapletown Road, #3			
City Princeton	StateZip CodeNJ08540-		Amount of Each Disbursement this Perior 953.15
Purpose of Disbursement direct mail			Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼		DIRECT MAIL
Full Name (Last, First, Middle Initial) Mr. Rob Jennings			Transaction ID: 90129.E4547 Date of Disbursement
Mailing Address American Event Consu	Iting, Inc.		$\begin{bmatrix} M & M \\ 1 & 2 \end{bmatrix} / \begin{bmatrix} D & D \\ 0 & 3 \end{bmatrix} / \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix}$
<u>501 L St NW</u> City Washington	State Zip Code DC 20001-		Amount of Each Disbursement this Perior
Purpose of Disbursement			1000.00
fundraising consulting fee Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼	Туре	FUNDRAISING CONSULTING FEE
SUBTOTAL of Disbursements This Page (optiona	I)	►	3953.15
TOTAL This Period (last page this line number on	·		
5AN018	y)	····· F	FEC Schedule B (Form 3) (Revised

003) 3(Form 3)(F

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)	PAGE 7/28			
	Detailed Summary Page	X 17 18 194 20a 20b 200	21			
Any Information copied from such Reports and State or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)						
Friends of Connie Mack						
Full Name (Last, First, Middle Initial) Mr. Patrick McQuillan						
Mailing Address 3048 Horizon Ln Apt 11	03		Ý 2008Y			
City Naples	State Zip Code FL 34109-8960	Amount of Each Disburs				
Purpose of Disbursement		· · ·] [2000.00			
fundraising consulting fee Candidate Name		Ategory/ Type Refund or Disposal of Contributions Requir 11 C.F.R. 400.53				
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	FUNDRAISING CON	SULTING FEE			
Full Name (Last, First, Middle Initial)						
Ashley Payne		Transaction ID: 9012 Date of Disbursement	29.E4650 ^Y ^Y ^Y ^Y ^Y ^Y ^Y			
Mailing Address 1050 Connecticut Ave N	Mailing Address 1050 Connecticut Ave NW					
City Washington	State Zip Code DC 20036-5308	Amount of Each Disburs	sement this Perio			
Purpose of Disbursement compensation						
Candidate Name	ategory/ Type Refund or Disposal of Contributions Requir 11 C.F.R. 400.53	of Excess ed Under				
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	COMPENSATION				
Full Name (Last, First, Middle Initial)		Transaction ID: 9012	9 E4551			
Florida Business Information, Inc.		Date of Disbursement	2008			
Mailing Address PO Box 193			2008			
City Bell	StateZip CodeFL32619-	Amount of Each Disburs				
Purpose of Disbursement	Г		130.00			
newspaper clipping service Candidate Name	C	Ategory/ Type Refund or Disposal of Contributions Requir 11 C.F.R. 400.53				
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	NEWSPAPER CLIPF	PING SERVICE			
SUBTOTAL of Disbursements This Page (optional)			3130.00			
TOTAL This Period (last page this line number only						
E5AN018	,	FEC Schedule B (Fe	orm 3) (Revised			

SCHEDULE B (FEC Form 3)	Use separate scl		FOR LINE (check only		PAGE 8/28		
TEMIZED DISBURSEMENTS	for each category Detailed Summa	ry Page		X 17 18 20a 20	0b 20c 21		
Any Information copied from such Reports and State or for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full)		y pontical col					
Friends of Connie Mack							
Full Name (Last, First, Middle Initial) Edonation 1 Account		Transaction Date of Disb	ID: 90129.E4646 ursement				
Mailing Address 118 N Saint Asaph St	Mailing Address 118 N Saint Asaph St						
City Alexandria	State Zip Co VA 2231	ode 4-3110		Amount of E	ach Disbursement this Perio		
Purpose of Disbursement			73.00				
fundraising fee Candidate Name		C	Category/ Type		or Disposal of Excess tions Required Under a. 400.53		
Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (specify)	General		FUNDRAIS	ING FEE		
Full Name (Last, First, Middle Initial)				Tropostion			
Business Card (formerly Platinum Plus)				Date of Disb			
Mailing Address PO Box 15710				12			
City Wilmington	State Zip Co DE 1988	ode 36-5710		Amount of E	ach Disbursement this Peric		
Purpose of Disbursement credit card fee		Refund or Disposal of Excess					
Candidate Name							
Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (specify)	General		CREDIT CA	ARD FEE		
Full Name (Last, First, Middle Initial) Hummel Printing Corp				Transaction Date of Disb	ID: 90129.E4546 ursement		
Mailing Address 850 Springfield Rd. PO Box 3199							
City Union	State Zip Co NJ 0708			Amount of E	ach Disbursement this Perio		
Purpose of Disbursement					570.09		
direct mail services Candidate Name			Category/ Type		or Disposal of Excess tions Required Under 1. 400.53		
Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (specify)	General		DIRECT MA	AIL SERVICES		
SUBTOTAL of Disbursements This Page (optional)			►		663.86		
TOTAL This Period (last page this line number only	/)		►				
E5AN018	,		-	FEC Sch	edule B(Form 3) (Revised		

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only				
	Detailed Summary Page		20a 20b 20c 21			
Any Information copied from such Reports and State or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)	71					
Friends of Connie Mack						
Full Name (Last, First, Middle Initial) American Express			Transaction ID: 90129.E4579 Date of Disbursement			
Mailing Address P. O. Box 360002			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D \\ 1 \\ 9 \end{array} \begin{array}{c} 0 \\ 1 \\ 9 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \begin{array}{c} Y \\ Y $			
City Fort Lauderdale	State Zip Code FL 33336-		Amount of Each Disbursement this Perior			
Purpose of Disbursement	Г		16111.91			
CREDIT CARD: SEE BELOW Candidate Name	(Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		CREDIT CARD: SEE BELOW			
Full Name (Last, First, Middle Initial) Avis Rent-A-Car			Transaction ID: 90129.E4611 Date of Disbursement			
Mailing Address 6 Sylvan Way			$\begin{array}{c} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{9} \stackrel{\text{M}}{1} \stackrel{\text{M}}{9} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{0} \stackrel{\text{M}}{8} \stackrel{\text{M}}{1} \text{$			
City Parsippany	StateZip CodeNJ07054-		Amount of Each Disbursement this Perio			
Purpose of Disbursement travel expense- car rental						
Candidate Name	(Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: TRAVEL EXPENSE- CAR RENTAL			
Full Name (Last, First, Middle Initial) Bellasera Resort	Full Name (Last, First, Middle Initial)					
Mailing Address 221 South 9th Street	Mailing Address 221 South 9th Street					
City Naples	State Zip Code FL 34102-		Amount of Each Disbursement this Perio			
Purpose of Disbursement Election Night Event	Г		3022.29			
Candidate Name	(Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: ELECTION NIGHT EVENT			
SUBTOTAL of Disbursements This Page (optional)		►	16111.91			
TOTAL This Period (last page this line number only			· · · · · · · · · · · · ·			
E5AN018	,	-	FEC Schedule B (Form 3) (Revised			

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE (check only	NUMBER:	PAGE 10/28				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 20a 20b	19a 19b 20c 21				
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)	arrie and address of any political d			r such commuee				
Friends of Connie Mack								
Full Name (Last, First, Middle Initial) The Capital Grille			Transaction ID: Date of Disbursem	ient				
Mailing Address 601 Pennsylvania Ave	Mailing Address 601 Pennsylvania Ave., N.W.							
City Washington	State Zip Code DC 20004-		Amount of Each D	isbursement this Perio				
Purpose of Disbursement				150.00				
meals Candidate Name		Category/ Type	Refund or Disp Contributions F 11 C.F.R. 400.	Required Under				
Office Sought: House Disbu	rsement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: MEALS					
Full Name (Last, First, Middle Initial)			Transaction ID:	00120 54621				
Costco	Date of Disbursement 12° 12° 12° 2008							
Mailing Address 7171 Cypress Lake Dr								
City Fort Myers	State Zip Code FL 33907-		Amount of Each D	isbursement this Perio				
Purpose of Disbursement	464.81							
event supplies Candidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53						
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify) ▼		 [MEMO ITEM] MEMO: EVENT SUPPLIES 					
Full Name (Last, First, Middle Initial) Office Depot	Full Name (Last, First, Middle Initial)							
Mailing Address 1590 N. Federal Highv	Mailing Address 1590 N. Federal Highway							
City Fort Lauderdale	State Zip Code FL 33305-		Amount of Each D	isbursement this Perio				
Purpose of Disbursement			Refund or Disp	158.99				
office supplies Candidate Name	office supplies Candidate Name Category/ Type							
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify) ▼	~	[MEMO ITEM] MEMO: OFFICE	SUPPLIES				
SUBTOTAL of Disbursements This Page (option	al)	Þ		0.00				
TOTAL This Period (last page this line number or	ıly)	►						
E5AN018	••		FEC Schedule	B(Form 3) (Revised				

		B (FEC Form 3 SBURSEMENT	•		arate schedule(s) category of the)	FOR LINE (check onl		R:		PA	GE	11 / 28
				Detailed	Summary Page			X 17 20a	2	18 20b	19a 20c		19b 21
		ed from such Reports a rposes, other than using											
		MITTEE (In Full)	, no name								300110	,01111	
\		nie Mack											
	Full Name (Last, First, Middle Initial)							Trans	actio	n ID:	90129	.E46	624
Olive	Olive Garden								of Disl			v	Y Y
Mailing	Mailing Address 12870 Cleveland Avenue							12		^D 1	9	2	0 [°] 8 [°]
City	A			State	Zip Code			Amou	int of E	Each	Disburse	ment	this Perio
Fort N	/lyers se of Disbu	irsement	ł	FL	33907-								36.65
meals		II SEITIEITI				ΙΓ		Re	əfund	or Dis	sposal of		
Candid	late Name					C	Category/ Type	Co	ontribu I C.F.I	utions R. 400	Required		
	Sought:	House Senate President		nent For: Primary Other (spe	General			MEM		_	6		
State:	ame (Lect	District: First, Middle Initial)											
Target		i iist, iviidule initial)						Date	of Disl	burse			
Mailing	Mailing Address 13711 S. Tamiami Trail											0 0 8 [°]	
City Fort N	/lyers			State FL	Zip Code 33912-			Amou	int of E	Each I	Disburse	U	this Perior
Purpos	Purpose of Disbursement							Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				88.79	
							ategory/ Type					ess der	
Office S	Sought:	House Senate President District:		nent For: Primary Other (spe	General Gerify)	L	76-	[MEMO ITEM] MEMO: EVENT SUPPLIES					3
Full Na Office		First, Middle Initial)							sactio of Dist		90129 ment	.E46	607
Mailing	Mailing Address 5100 S. Cleveland Avenue							[™] 2	M /	^D 1	9 / Y	ž	0 0 8 [°]
City Fort N	Ayers			State FL	Zip Code 33907-			Amou	int of E	Each	Disburse	ment	this Perio
	se of Disbu supplies	irsement					U U		ofund	or Di-	sposal of	Eve	8.98
	late Name					C	Category/ Type	Co 11	ontribu I C.F.I	utions R. 400	Required		
	Sought:	House Senate President District:	Disburser	nent For: Primary Other (spe	General ecify) ▼			MEMO		_	E SUPF	PLIE	S
State:											· ·		0.00
		oursements This Page (•	0.00
	This Period	I (last page this line nur	nber only) .				►				.	-	
E5AN018								FE	C Scl	nedule	ə B (For	m 3) (Revised

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	
	Detailed Summary Page		20a 20b 20c 21
Any Information copied from such Reports and State or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	, F		
Friends of Connie Mack			
Full Name (Last, First, Middle Initial) Party City			Transaction ID: 90129.E4634 Date of Disbursement
Mailing Address 5025 Cleveland Ave.			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \\ \end{array} \begin{array}{c} D \\ 1 \\ 9 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} V \\ \end{array} \end{array} \begin{array}{c} V \\ \end{array} \begin{array}{c} V \\ \end{array} \end{array} \begin{array}{c} V \\ \end{array} \begin{array}{c} V \\ \end{array} \end{array} \begin{array}{c} V \\ \end{array} \begin{array}{c} V \\ \end{array} \end{array} \end{array} \begin{array}{c} V \\ \end{array} \end{array} \end{array} \end{array} $ \end{array}
City Fort Myers	State Zip Code FL 33907-		Amount of Each Disbursement this Perio
Purpose of Disbursement	Г		73.00
event supplies Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		[MEMO ITEM] MEMO: EVENT SUPPLIES
Full Name (Last, First, Middle Initial)			
Simulscribe Inc			Transaction ID: 90129.E4613 Date of Disbursement
Mailing Address 34 Broad Street			$\begin{array}{c} \stackrel{\text{M}}{1} 2 \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{9} \stackrel{\text{M}}{1} \stackrel{\text{M}}{9} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{1} \stackrel{\text{M}}{2} \stackrel{\text{M}}{0} \stackrel{\text{M}}{8} \stackrel{\text{M}}{1} $
City Red Bank	StateZip CodeNJ07701-		Amount of Each Disbursement this Perio
Purpose of Disbursement messaging service	IΓ		
Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) V		[MEMO ITEM] MEMO: MESSAGING SERVICE
Full Name (Last, First, Middle Initial) ABC Fine Wine & Spirits			Transaction ID: 90129.E4640 Date of Disbursement
Mailing Address 1000 Crosspointe Dr			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 1 \\ 9 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} V \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array}$
City Naples	State Zip Code FL 34110-0917		Amount of Each Disbursement this Period
Purpose of Disbursement	Г		550.12
event expense Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: EVENT EXPENSE
SUBTOTAL of Disbursements This Page (optional)		►	0.00
TOTAL This Period (last page this line number only			
E5AN018	,	····· F	FEC Schedule B (Form 3) (Revised

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: (check only one) X 17 18 19a 19b
	Detailed Summary Page	20a 20b 20c 21
		r any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee
Friends of Connie Mack		
Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless		Transaction ID: 90129.E4593 Date of Disbursement
Mailing Address PO Box 31488		
City Tampa	State Zip Code FL 33631-3488	Amount of Each Disbursement this Per
Purpose of Disbursement telephone service		494.42
Candidate Name	C	Category/ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disk Senate President State: District:	oursement For: Primary General Other (specify) ▼	[MEMO ITEM] MEMO: TELEPHONE SERVICE
Full Name (Last, First, Middle Initial)		Transaction ID: 90129.E4638
Bonita Springs Self Storage		Date of Disbursement
Mailing Address 8953 Terrene Court		
City Bonita Springs	State Zip Code FL 34135-	Amount of Each Disbursement this Per
Purpose of Disbursement storage		157.94 Refund or Disposal of Excess
Candidate Name	C	Category/ Type [MEMO ITEM]
Office Sought: House Disk Senate President State: District:	oursement For: Primary General Other (specify) ▼	MEMO: STORAGE
Full Name (Last, First, Middle Initial) Capitol Hill Club		Transaction ID: 90129.E4594 Date of Disbursement
Mailing Address 300 First Street, S.E.		
City Washington	State Zip Code DC 20003-	Amount of Each Disbursement this Per
Purpose of Disbursement	Г	3539.61
Event Expense Candidate Name	C	Category/ Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disk Senate President State: District:	oursement For: Primary General Other (specify) ▼	(MEMO ITEM] MEMO: EVENT EXPENSE
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SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE (check onl	NUMBER:	PAGE 14/28
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 20a 20b	19a 19b 20c 21
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or for commercial purposes, other than using the n	ame and address of any political of	committee to so	NICIT CONTRIDUTIONS FROM	1 such committee
NAME OF COMMITTEE (In Full) Friends of Connie Mack				
Full Name (Last, First, Middle Initial) Capitol Hill Club			Transaction ID: Date of Disbursen	nent
Mailing Address 300 First Street, S.E.			12 ^M /15	Ý Ý Ý Ý Ý Ý Ý Ý Ý Ý
City Washington	StateZip CodeDC20003-		Amount of Each D	isbursement this Perio
Purpose of Disbursement		· · · · · · · · · · · · · · · · · · ·		125.51
meals Candidate Name		Category/ Type	Contributions 1 11 C.F.R. 400	oosal of Excess Required Under 53
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: MEALS	
Full Name (Last, First, Middle Initial)			Turneralism ID	00100 54505
Chops City Grill			Transaction ID: Date of Disbursen	nent
Mailing Address 837 5th Avenue South			12 19	2008
City Naples	State Zip Code FL 34102-		Amount of Each D	isbursement this Period
Purpose of Disbursement meals				118.37
Candidate Name		Category/ Type	Contributions I 11 C.F.R. 400	oosal of Excess Required Under 53
Office Sought: House Disbu Senate President State: District:	Irsement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: MEALS	
Full Name (Last, First, Middle Initial) FedEx			Transaction ID: Date of Disbursen	
Mailing Address P. O. Box 1140			12 ^M /15	0 / Y 2008
City Memphis	State Zip Code TN 38101-		Amount of Each D	isbursement this Perio
Purpose of Disbursement			L	198.26
express mail delivery Candidate Name		Category/ Type	Contributions I 11 C.F.R. 400	oosal of Excess Required Under 53
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify) ▼		[memo item] Memo: Expre: Ry	SS MAIL DELIVE-
SUBTOTAL of Disbursements This Page (option	al)	►		0.00
TOTAL This Period (last page this line number of	nly)			
E5AN018			FEC Schedule	B (Form 3) (Revised

Arry Information copied from such Reports and Statemestin may not be dof used by any person for the purpose of soliciting contributions from such committee to solicit co	SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: (check only one) X 17 18 19a 19b
ar 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) FodEx Mailing Address P. O. Box 1140 Giv State Zip Code Memorphis TN 38101- Purpose of Disbursement express mail delivery Cardidate Name Category Type Office Sought: House Gistrict: Full Name (Last, First, Middle Initial) Feesdemt Mailing Address 3200 Colonial Bivd City State Zip Code City State District: Full Name (Last, First, Middle Initial) Feesdemt Mailing Address 3200 Colonial Bivd City State District: Full Name (Last, First, Middle Initial) Feesdemt Category Type Office Sought: House Disbursement For: Category Category Type City State Zip Code City State Zip		Detailed Summary Page	20a 20b 20c 21
NAME OF COMMITTEE (In Full) Friends of Connie Mack Full Name (Last, First, Middle Initial) FedEx Mailing Address P. O. Box 1140 City State Mailing Address P. O. Box 1140 City Transaction ID: 90129.E4584 Date of Disbursement If 2 2 / 1 9 / 2 0 0 8 Purpose of Disbursement Transaction ID: 90129.E4628 Candidate Name Disbursement For: Office Sought: House Distructment for: Other (specify) ▼ Full Name (Last, First, Middle Initial) Hess Hess Disbursement for: Office Sought: Brand Primary Gridge Address 3200 Colonial Blvd City State Zip Code Amount of Each Disbursement the P Transaction ID: 90129.E4628 Date of Disbursement the P Mailing Address 3200 Colonial Blvd City State Zip Code Candidate Name Disbursement for: State: Disbursement for: State: Disbursement for: State: Disbursement for:			
Friends of Connie Mack Full Name (Last, First, Middle Initial) FedEx Mailing Address P. O. Box 1140 City State Zip Code Memphis TN 38101- Purpose of Disbursement Gradgory Transaction ID: 90129.E4584 Cardidate Name Ts 38101- Purpose of Disbursement Gradgory Transaction ID: 90129.E4584 Cardidate Name Disbursement For: Befund or Disposal Excess Cardidate Name Disbursement For: MEMO TEMJ Purpose of Disbursement Distursement For: MEMO TEMJ Mailing Address 3200 Colonial Blvd Transaction ID: 90129.E4628 City State Zip Code Anount of Each Disbursement Tif 1 1 1 1 2 2 0 0 8 City State Zip Code Cardidate Name Disbursement For: Category' Office Sought: House Disbursement For: Category' Office Sought: House Disbursement For: Category' Office Sought: Bonate Primary General Office Sought: Bonate </td <td></td> <td></td> <td></td>			
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Memphis TN 38101- Purpose of Disbursement Express mail delivery Category/ Candidate Name Disbursement For: Previous Office Sought: House Disbursement For: Previous Previous Other (specify) Image: Category/ Type Office Sought: District: District: Image: Category/ Full Name (Last, First, Middle Initia) Hess Transaction ID: 90129, E4628 Mailing Address 3200 Colonial Blvd Image: Category/ City State Zip Code Office Sought: House Disbursement For: Previous Candidate Name Category/ Image: Category/ Image: Category/ Office Sought: House Disbursement For: Previous Amount of Each Disbursement this P Candidate Name Disbursement For: Previous Category/ To F.R. 400.33 Office Sought: House Disbursement For: Previous Amount of Each Disbursement State: Disbursement For: Previous Category/ To F.R. 400.33 Mailing Address 2774 East Colonial Drive <td>Mailing Address P. O. Box 1140</td> <td></td> <td></td>	Mailing Address P. O. Box 1140		
Purpose of Disbursement express mail delivery 159.08 Candidate Name Category/ Type Office Sought: House President District: Disbursement For: President State: District: Mailing Address 3200 Colonial Blvd City State Mailing Address 3200 Colonial Blvd City State Office Sought: House Senate Purpose of Disbursement travel exponse- gas Category/ Category/ Type Office Sought: House Senate Office Sought: House President Disbursement travel exponse- gas Category/ Type Candidate Name Disbursement For: President Office Sought: House President District: Disbursement For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) State State: Disbursement For: President Office Sought: House President Other (specify) ▼ Amount of Each Disbursement this P 2 0 0 8 City State Zip Code Other (specify) ▼ Office Sought: House President <td< td=""><td></td><td></td><td>Amount of Each Disbursement this Pe</td></td<>			Amount of Each Disbursement this Pe
express mail delivery Category Refund or Disposal of Excess Candidate Name Disbursement For: Type Office Sought: House Primary General Pull Name (Last, First, Middle Initial) Transaction ID: 90129,E4628 Date of Disbursement this P Mailing Address 3200 Colonial Blvd Transaction ID: 90129,E4628 City State Zip Code Purpose of Disbursement Transaction ID: 90129,E4628 Category/ Type Office Sought: House President Disbursement For: Category/ Type Office Sought: House President Disbursement For: President State Disbursement Tore F. 400.53 Mailing Address	·		159.08
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Office Sought: House Disbursement For: MEMO: EXPRESS MAIL DELIVI Putl Name (Last, First, Middle Initial) Transaction ID: 90129.E4628 Date of Disbursement Mailing Address 3200 Colonial Blvd Transaction ID: 90129.E4628 City State Zip Code Mailing Address 3200 Colonial Blvd Transaction ID: 90129.E4628 City State Zip Code Purpose of Disbursement Gate of Disbursement this P travel express gas Category: Candidate Name Disbursement For: President Disbursement For: State: Disbursement For: President Disbursement For: Full Name (Last, First, Middle Initial) State State: Disbursement For: Office Sought: House Office Sought: House Office Sought: House Office Sought: Disbursement For: Office Sought: Disbursement For: Office Sought: House Office Sought: Disbursement For: Office Sought: Disbursement For: Office Sought: <td< td=""><td>Candidate Name</td><td>C</td><td>Type 11 C.F.R. 400.53</td></td<>	Candidate Name	C	Type 11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) Transaction ID: 90129. E4628 Mailing Address 3200 Colonial Blvd City State Zip Code Quite of Disbursement 33966-1032 Purpose of Disbursement 41.50 travel expense- gas Category/ Candidate Name Disbursement For: Senate President President Disbursement For: State: District: Mailing Address 2774 East Colonial Drive City State City State City State Disbursement For: Other (specify) ▼ Full Name (Last, First, Middle Initia) State State: Disbursement For: Orifice Sought: House Grid State City State Office Sought: House Disbursement For: Category/ Office Sought: House Office Sought: Disbursement For: Orifice Sought: House Senate Category/ Office Sought: Disbursement For:	Senate President	Primary General	MEMO: EXPRESS MAIL DELIVE
Hess Mailing Address 3200 Colonial Blvd Date of Disbursement Mailing Address 3200 Colonial Blvd 12 m / 2 0 0 8 City State Zip Code Purpose of Disbursement 33966-1032 Purpose of Disbursement 41.50 travel expense- gas Category/ Cardidate Name Disbursement For: Office Sought: House President Disbursement For: State: District: Purpose of Disbursement Other (specify) ▼ Full Name (Last, First, Middle Initial) State State: Disbursement For: Mailing Address 2774 East Colonial Drive City State Orlando FL Purpose of Disbursement 190.77 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MeMori or Disposal of Excess 190.77 Office soughte: Disbursement For: Orlando FL 32803- Purpose of Disbursement Category/ 11 C.F.R. 400.53 MeMori or Disposal of Excess Candidate Name Disburs			
City State Zip Code 33966-1032 Amount of Each Disbursement this P Purpose of Disbursement 41.50 travel expense- gas Category/ Candidate Name Disbursement For: Office Sought: House President Disbursement For: President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) State: Distresement Mailing Address 2774 East Colonial Drive City State Clargory/ Transaction ID: 9015bursement 10 c.F.R. 400.53 Office Sought: Other (specify) ▼ Mailing Address 2774 East Colonial Drive City State Zip Code Orlando FL 32803- Purpose of Disbursement Other (specify) ▼ Office Sought: House Disbursement For: Office Sought: Bisbursement For: Category/ Office Sought: Disbursement For: Memol or Disposal of Excess Candidate Name Disbursement For: Memol or Disposal of Excess <td></td> <td></td> <td></td>			
33966-1032 41.50 Purpose of Disbursement travel expense- gas 41.50 Candidate Name Category/ Type Category/ Type Office Sought: House Senate Disbursement For: Primary General Other (specify) MEMO ITEM] MEMO: TRAVEL EXPENSE- GA Full Name (Last, First, Middle Initial) Staples Transaction ID: 90129.E4588 Date of Disbursement Disbursement For: 12 2 1 9 1 9 1 2 0 0 8 City Orlando FL 32803- Purpose of Disbursement office supplies Amount of Each Disbursement this P 12 0 0 8.3 Candidate Name Disbursement For: Disbursement Category/ Type 190.77 Office Sought: House President Disbursement For: Disbursement For: President Memo ITEM] MEMO: OFFICE SUPPLIES SUBTOTAL of Disbursements This Page (optional) Other (specify) Memor	Mailing Address 3200 Colonial Blvd		
Purpose of Disbursement travel expense- gas Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House President Disbursement For: Senate Category/ Type State: District: MEMO ITEMJ MEMO: TRAVEL EXPENSE- GA Full Name (Last, First, Middle Initial) Staples Transaction ID: 90129.E4588 Date of Disbursement Mailing Address 2774 East Colonial Drive City State Zip Code Orlando Purpose of Disbursement office supplies State Zip Code Senate Office Sought: House President Disbursement For: Other (specify) Refund or Disposal of Excess Category/ Type Office Sought: House President Disbursement For: Other (specify) Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Primary Disbursement For: Other (specify) Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SUBTOTAL of Disbursements This Page (optional) Memory 0.00	City		Amount of Each Disbursement this Pe
Candidate Name Category/ Type Category/ Type Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Senate Disbursement For: MEMO ITEM] State: District: Memo (Last, First, Middle Initial) Transaction ID: 90129.E4588 States: District: Transaction ID: 90129.E4588 Date of Disbursement Mailing Address 2774 East Colonial Drive 1 2 M / 1 9 / 2 0 0 8 City State Zip Code Office supplies Category/ Type 1 9 / 2 0 0 8 Candidate Name Disbursement For: Refund or Disposal of Excess Contributions Required Under Office Sought: House Disbursement For: Refund or Disposal of Excess Contributions Required Under Office Sought: House Disbursement For: Senate Image: Category/ Type Office Sought: House Disbursement For: Image: Category/ Type Memo ITEM] State: District: Other (specify) ▼ 0.00 State: District: 0.00 0.00 0.00			41.50
Office Sought: House Disbursement For: Image: Control of the specify MEMO: TRAVEL EXPENSE- GA State: District: Other (specify) Image: Control of the specify MEMO: TRAVEL EXPENSE- GA Full Name (Last, First, Middle Initial) State: Disbursement Transaction ID: 90129.E4588 Staples Mailing Address 2774 East Colonial Drive Image: Control of the specify Image: Control of the specify Mailing Address 2774 East Colonial Drive Image: Control of the specify Image: Control of the specify Image: Control of the specify Office Sought: General Category/ Type Image: Control of the specify Image: Control of the specify Image: Control of the specify Office Sought: House Disbursement For: Category/ Type Category/ Type Image: Control of the specify Image: Control of the specify Office Sought: House Disbursement For: Category/ Type Image: Control of the specify Image: Control of the specify State: District: Disbursement For: Control of the specify Image: Control of the specify Image: Control of the specify State: District: Disbursement For: Control of the specify		c	ategory/ Contributions Required Under
Staples Date of Disbursement Mailing Address 2774 East Colonial Drive City State Zip Code Orlando FL 32803- Purpose of Disbursement 190.77 Office supplies Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: General President Other (specify) State: Disbursements This Page (optional) TOTAL This Period (last page this line number only) 0.00	Senate President	Primary General	[MEMO ITEM] MEMO: TRAVEL EXPENSE- GA
City State Zip Code Orlando FL 32803- Purpose of Disbursement 190.77 office supplies Category/ Candidate Name Category/ Office Sought: House Disbursement For: Category/ President Disbursement For: President Other (specify) State: Disbursements This Page (optional) TOTAL This Period (last page this line number only) 0			
Orlando FL 32803- Purpose of Disbursement office supplies 190.77 Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Senate Primary President Other (specify) State: District: Subtrotral of Disbursements This Page (optional) 0.00	Mailing Address 2774 East Colonial Driv	/e	12 ^M /19 ^J /Y2008
office supplies Category/ Type Category/ Type Category/ Type Office Sought: House Senate Primary President Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional) 0			Amount of Each Disbursement this Pe
Candidate Name Category/ Type Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate Primary General President Other (specify) MEMO: OFFICE SUPPLIES SUBTOTAL of Disbursements This Page (optional) 0.00 TOTAL This Period (last page this line number only) 0.00	•		190.77 Refund or Disposal of Excess
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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b
Any Information copied from such Reports and Sta	atements may not be sold or used b	y any person f	20a 20b 20c 21 for the purpose of soliciting contributions
or for commercial purposes, other than using the r			
NAME OF COMMITTEE (In Full) Friends of Connie Mack			
Full Name (Last, First, Middle Initial) The Edison			Transaction ID: 90129.E4637 Date of Disbursement
Mailing Address 3583 McGregor Blvd			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} D \\ 1 \\ 9 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 9 \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \begin{array}{c} Y \\ Y \\ \end{array} $
City Fort Myers	State Zip Code FL 33901-7719		Amount of Each Disbursement this Perio
Purpose of Disbursement	Г		23.00
meals Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disb Senate President State: District:	ursement For: Primary General Other (specify) ▼		MEMO: MEALS
Full Name (Last, First, Middle Initial)			
The UPS Store			M = M / D = D / Y = Y = Y Y 1 2 / 1 9 / Y = Y = Y = Y Y
Mailing Address 5100 S. Cleveland Av	enue, #318		
City Fort Myers	State Zip Code FL 33907-		Amount of Each Disbursement this Perio
Purpose of Disbursement	Г		197.39
mail forwarding service Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disb Senate President State: District:	ursement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: MAIL FORWARDING SER VICE
Full Name (Last, First, Middle Initial) US Airways			Transaction ID: 90129.E4591 Date of Disbursement
Mailing Address 7 Park Center			12 ^M /19 [/] 2008 [·]
City Pittsburgh	State Zip Code PA 15220-		Amount of Each Disbursement this Perio
Purpose of Disbursement			979.50
travel expense- airline tickets Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disb Senate President State: District:	ursement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: TRAVEL EXPENSE- AIR- LINE TICKETS
SUBTOTAL of Disbursements This Page (option	nal)	Þ	0.00
TOTAL This Period (last page this line number c			
E5AN018			FEC Schedule B (Form 3) (Revised

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only	
			20a 20b 20c 21
Any Information copied from such Reports and State or for commercial purposes, other than using the name			
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Friends of Connie Mack			
Full Name (Last, First, Middle Initial) US House of Rep. Gift Shop			Transaction ID: 90129.E4618 Date of Disbursement
Mailing Address B-217 Longworth Bldg.			12 ^M /19 ^J /2008 ^Y
City Washington	StateZip CodeDC20515-		Amount of Each Disbursement this Perio
Purpose of Disbursement	Г		73.17
campaign supplies Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) V		[MEMO ITEM] MEMO: CAMPAIGN SUPPLIES
Full Name (Last, First, Middle Initial)			
USPS			Transaction ID: 90129.E4619 Date of Disbursement
Mailing Address 1050 Connecticut Ave, N	1W		$\begin{array}{c} \stackrel{\text{M}}{12} \stackrel{\text{M}}{2} \stackrel{\text{M}}{2} \stackrel{\text{M}}{13} \stackrel$
City Washington	StateZip CodeDC20036-		Amount of Each Disbursement this Perio
Purpose of Disbursement mail services			84.00
Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: MAIL SERVICES
Full Name (Last, First, Middle Initial) Useppa Inn and Dock			Transaction ID: 90129.E4580 Date of Disbursement
Mailing Address PO Box 640			$\begin{array}{c} \begin{array}{c} M \\ 1 \\ 2 \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} D \\ 1 \\ 9 \end{array} \begin{array}{c} \prime \end{array} \begin{array}{c} V \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \begin{array}{c} V \\ 0 \\ 8 \end{array} \begin{array}{c} V \\ V \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \begin{array}{c} V \\ 0 \\ 8 \end{array} \begin{array}{c} V \\ V $
City Bokeelia	State Zip Code FL 33922-0640		Amount of Each Disbursement this Perio
Purpose of Disbursement Event expense	Г		387.84
Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: EVENT EXPENSE
SUBTOTAL of Disbursements This Page (optional)		······ Þ	0.00
TOTAL This Period (last page this line number only)	►	
E5AN018	,	-	FEC Schedule B (Form 3) (Revised

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE (check only		PAGE 18/28
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		K 17 18 20a 20b	19a 19b 20c 21
Any Information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)	ne and address of any political co			
Friends of Connie Mack				
Full Name (Last, First, Middle Initial) Alis Pizza			Transaction ID: 9 Date of Disburseme	ent
Mailing Address 1382 E Capitol St NE			1 ^M 1 ^M 1 ^D	⁷ ^Y ^Y ^Y ^Y ^Y ^Y ^Y ^Y
City Washington	State Zip Code DC 20003-1533		Amount of Each Di	sbursement this Peric
Purpose of Disbursement				59.48
meals Candidate Name		Category/ Type	Refund or Dispo Contributions R 11 C.F.R. 400.5	equired Under
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: MEALS	
Full Name (Last, First, Middle Initial)			Transaction ID: (00120 E4612
Verizon Wireless			Transaction ID: 9 Date of Disbursement	ent
Mailing Address 131 North Court House	Rd		12 ^{^M / 19^D}	Ý Ž0Ŏ8Ÿ
City Arlington	State Zip Code VA 22201-		Amount of Each Di	sbursement this Peric
Purpose of Disbursement	Г			298.39
telephone service Candidate Name		Category/ Type	Refund or Dispo Contributions R 11 C.F.R. 400.5	equired Under
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: TELEPH	ONE SERVICE
Full Name (Last, First, Middle Initial) United Airlines			Transaction ID: 9	
Mailing Address 2 North LaSalle St			^M 2 ^M / ^D 19	[/] ^Y ^Y ^Y ^Y ^Y ^Y ^Y
City Chicago	State Zip Code IL 60602-		Amount of Each Di	sbursement this Peric
Purpose of Disbursement	Г			1289.00
travel expense- airline tickets Candidate Name		Category/ Type	Refund or Disp Contributions R 11 C.F.R. 400.5	equired Under
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: TRAVEL LINE TICKETS	EXPENSE- AIR-
SUBTOTAL of Disbursements This Page (optiona	l)	······ Þ		0.00
TOTAL This Period (last page this line number on	ν)			
E5AN018	,,	•	FEC Schedule E	3(Form 3) (Revised

	B (FEC Form 3)	Use separate schedule(s) for each category of the	FOR LINE (check on	E NUMBER: PAGE 19/28 ly one)
		Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
				for the purpose of soliciting contributions blicit contributions from such committee
	MMITTEE (In Full)	the and address of any pointed t		
Friends of Co	()			
Full Name (Las The Palm	t, First, Middle Initial)			Transaction ID: 90129.E4582 Date of Disbursement
Mailing Address	s 1225 19th Street, NW			12 ^M /19 ^J / <u>Y</u> YYY 12008 ^Y
City Washington		StateZip CodeDC20036-		Amount of Each Disbursement this Perio
Purpose of Disl	bursement			240.00
meals Candidate Nam	le		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: State:	House Disburs Senate President District:	eement For: Primary General Other (specify) ▼		MEMO: MEALS
	t, First, Middle Initial)			
Grillroom Ch	ophouse & Wine Bar			Transaction ID: 90129.E4617 Date of Disbursement
Mailing Address	s 23161 Village Shops W	ay		12 19 2008
City Estero		StateZip CodeFL33928-		Amount of Each Disbursement this Perio
Purpose of Disl meals	bursement			25.30
Candidate Nam	ie .		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: State:	House Disburs Senate President District:	eement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: MEALS
,	t, First, Middle Initial) ophouse & Wine Bar			Transaction ID: 90129.E4626 Date of Disbursement
Mailing Address	s 23161 Village Shops W	ay		12 ^M /19 [/] 2008
City Estero		State Zip Code FL 33928-		Amount of Each Disbursement this Perio
Purpose of Disl	bursement			52.50
meals Candidate Nam	le		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: State:	House Disburs Senate President District:	sement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: MEALS
SUBTOTAL of Di	sbursements This Page (optional)	>	0.00
TOTAL This Peri	od (last page this line number only	<u></u>		
E5AN018	ou hast hage this line number on	()	····· P	FEC Schedule B (Form 3) (Revised

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	NUMBER: PAGE 20/28 yone) X 17 18 19a 19b
	Detailed Summary Page		20a 20b 20c 21
Any Information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) Friends of Connie Mack			
, Full Name (Last, First, Middle Initial) Millers Ale House			Transaction ID: 90129.E4596 Date of Disbursement
Mailing Address 6320 Hollywood Blvd			12 ^M /19 ^Y /2008 ^Y
City Naples	State Zip Code FL 34109-		Amount of Each Disbursement this Per
Purpose of Disbursement meals Candidate Name		Category/	172.44 Refund or Disposal of Excess Contributions Required Under
	sement For: Primary General Other (specify) ▼	Туре	11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
Full Name (Last, First, Middle Initial) Ruths Chris Streakhouse			Transaction ID: 90129.E4614 Date of Disbursement
Mailing Address 1700 Tamiami Trail, Sp	ace #A-12		12 ^M /19 ^J /2008 ^Y
City Naples	StateZip CodeFL34102-		Amount of Each Disbursement this Per
Purpose of Disbursement meals			250.00 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: House Disburg Senate President State: District:	Sement For: Primary General Other (specify) ▼		MEMO: MEALS
Full Name (Last, First, Middle Initial) Ridgeway Bar & Grill			Transaction ID: 90129.E4635 Date of Disbursement
Mailing Address 1300 3rd St S			$\begin{array}{c c} M & M \\ 1 & 2 \\ \end{array} \begin{pmatrix} D & D \\ 1 & 9 \\ \end{array} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ \end{array} \begin{pmatrix} Y & Y \\ 2 & 0 & 0 \\ \end{array} \begin{pmatrix} Y & Y \\ Y \\$
City Naples	State Zip Code FL 34102-7220		Amount of Each Disbursement this Per
Purpose of Disbursement event expense	Г		966.42
Candidate Name	C	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: EVENT EXPENSE
SUBTOTAL of Disbursements This Page (optional)	····· Þ	0.00
TOTAL This Period (last page this line number onl	v)	►	
E5AN018		-	FEC Schedule B (Form 3) (Revis

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	IE NUMBER: PAGE 21 / 28 nly one) X 17 18 19a 19b
		20a 20b 20c 21
Any Information copied from such Reports and Sta or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full)		
Friends of Connie Mack		
Full Name (Last, First, Middle Initial) Southwest Florida International Airport		Transaction ID: 90129.E4625 Date of Disbursement
Mailing Address 11000 Terminal Acces Suite 8671	s Rd Ste 8671S	$\begin{array}{c c} M & M \\ 1 & 2 \\ \end{array} \begin{array}{c} I & D \\ I & 1 \\ \end{array} \begin{array}{c} D \\ I & 1 \\ \end{array} \begin{array}{c} D \\ I & 1 \\ \end{array} \begin{array}{c} D \\ I \\ I \\ \end{array} \begin{array}{c} I \\ I \\ \end{array} \begin{array}{c} V \\ I \\$
City Fort Myers	State Zip Code FL 33913-8209	Amount of Each Disbursement this Perior
Purpose of Disbursement		90.00
travel expense- parking Candidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbu Senate President State: District:	rype Irsement For: Primary General Other (specify) ▼	[MEMO ITEM] MEMO: TRAVEL EXPENSE- PAR- KING
Full Name (Last, First, Middle Initial) Vergina		Transaction ID: 90129.E4600 Date of Disbursement
Mailing Address 700 5th Ave S		M 2 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Naples	State Zip Code FL 34102-6604	Amount of Each Disbursement this Period
Purpose of Disbursement meals		172.04
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbu Senate President State: District:	rrsement For: Primary General Other (specify) ▼	[MEMO ITEM] MEMO: MEALS
Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless		Transaction ID: 90129.E4544 Date of Disbursement
Mailing Address PO Box 31488		$\begin{array}{c} \begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ \end{array} \\ \begin{array}{c} 2 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} T \\ \end{array} \\ \begin{array}{c} Y \\ \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 0 \end{array} \\ \begin{array}{c} Y \\ 0 \end{array} \\ \begin{array}{c} Y \\ \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 0 \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \\ Y$
City Tampa	State Zip Code FL 33631-3488	Amount of Each Disbursement this Period
Purpose of Disbursement cell phone service		299.10
Candidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify) ▼	CELL PHONE SERVICE
SUBTOTAL of Disbursements This Page (option	al)	299.10
TOTAL This Period (last page this line number or	nly)	
5AN018		FEC Schedule B (Form 3) (Revised

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		FOR LINE NUMBER: (check only one) X 17 18 19a 19b
		20a 20b 20c 21 ny person for the purpose of soliciting contributions
		nittee to solicit contributions from such committee
NAME OF COMMITTEE (In Full) Friends of Connie Mack		
Full Name (Last, First, Middle Initial) AT&T- Cingular Wireless		Transaction ID: 90129.E4652 Date of Disbursement
Mailing Address PO Box 31488		12 ^M /29 [/] 2008 [/]
City Tampa	State Zip Code FL 33631-3488	Amount of Each Disbursement this Perio
Purpose of Disbursement		350.96
cell phone service Candidate Name		egory/ ype Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disk Senate President State: District:	Primary General Other (specify) ▼	CELL PHONE SERVICE
Full Name (Last, First, Middle Initial)		
Capitol One		Transaction ID: 90129.E4556 Date of Disbursement
Mailing Address P. O. Box 60024		
City City Of Industry	State Zip Code CA 91716-	Amount of Each Disbursement this Perio
Purpose of Disbursement CREDIT CARD: SEE BELOW		
Candidate Name		egory/ ype Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Dist Senate President State: District:	oursement For: Primary General Other (specify) ▼	CREDIT CARD: SEE BELOW
Full Name (Last, First, Middle Initial) Collier Co Rep Executive Committee		Transaction ID: 90129.E4574 Date of Disbursement
Mailing Address P. O. Box 7367		
City Naples	State Zip Code FL 34101-	Amount of Each Disbursement this Perio
Purpose of Disbursement		40.00
Convention Night Event Candidate Name		egory/ ype Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disk Senate President State: District:	oursement For: Primary General Other (specify) ▼	[MEMO ITEM] MEMO: CONVENTION NIGHT EV- ENT
SUBTOTAL of Disbursements This Page (optio	nal)	
TOTAL This Period (last page this line number	only)	
E5AN018		FEC Schedule B (Form 3) (Revise

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions MARL OF COMMITTEE (in Full) Finded of Connie Mack Full Name (Last, First, Middle Initial) County Leadership Collier Mailing Address City City Name (Last, First, Middle Initial) County Leadership Collier Mailing Address City City State Disfurct Purpose of Disbursement Gride Row (Last, First, Middle Initial) Catogory Office Sought House Disbursement For: District President State: District Purpose of Disbursement For: Office Sought: House Disbursement For: Office Sought: President State: Disbursement For: Office Sought: House Disbursement For: President Office Sought: House Disbursement For: President Other (sp	SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b 20a 20b 20c 21
County Leadership Collier Data of Debursement Mailing Address City State Zip Code City State Zip Code Amount of Each Disbursement this Period annual dues Category Category Contributions Required Under Cadidate Name Disbursement For: Category Contributions Required Under State: Disbursement For: Other (specify) ▼ MEMO: ANNUAL DUES State: Disbursement For: Other (specify) ▼ MEMO: ANNUAL DUES Mailing Address 1736 Jackson Street Transaction ID: 90129.E4576 City State Zip Code Full Name (Last, First, Middle Initial) Category Y 2 0 0 8 Lee County FL 3301- Mailing Address 1736 Jackson Street Category City State Zip Code Full Name (Last, First, Middle Initial) Excess Category Office Sought: House Disbursement For: District: Disbursement For: Transaction ID: 90129.E4575 Date of Disbursement Category Test Adds Office Sought: House <th>or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)</th> <th></th> <th></th> <th></th>	or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)			
City State Zip Code Amount of Each Disbursement this Period Annual dues	County Leadership Collier			Date of Disbursement
Naples FL 34104- Purpose of Disbursement annual dues 100.00 Caregory/ Type Gategory/ Type 100.00 Office Sought: House Disbursement For: Origo Sought: House Disbursement For: District: District: Other (specify) ▼ Full Name (Last, First, Middle Initial) Transaction ID: 90129.E4576 Lee County State Zip Code Fort Myers FL 33901- Purpose of Disbursement sign permit Category/ Type Transaction ID: 90129.E4576 Category/ Transaction ID: 90129.E4576 Amount of Each Disbursement this Period Gridy State Zip Code Amount of Each Disbursement this Period Category/ Transaction ID: 90129.E4575 Disbursement For: Orifice Sought: House Disbursement For: Purpose of Disbursement For: President Disbursement For: MEMO TEM) Maling Address P. O. Box 61465 Transaction ID: 90129.E4575 City State Zip Code Transaction ID: 90129.E4575 Distor		State Zip Code		Amount of Each Disbursement this Period
Candidate Name Category/ Type Contributions Reautive Under Contributions Reactive Under Ti C.F.R. 400.33 Office Sought: House President Disbursement For: Other (specify) ▼ Contributions Reactive Under Ti C.F.R. 400.33 Full Name (Last, First, Middle Initia) Transaction ID: 90129,E4576 Lee County State Zip Code Fort Myers FL 33901- Purpose of Disbursement sign permit Disbursement For: Other (specify) ▼ Amount of Each Disbursement Sign permit Candidate Name Disbursement For: Other (specify) ▼ Category/ Type Office Sought: House President Disbursement For: Other (specify) ▼ Full Name (Last, First, Middle Initia) Ee County Republicans Transaction ID: 90129,E4575 Mailing Address P. O. Box 61465 Transaction ID: 90129,E4575 City State Zip Code Fort Myers FL 33906- Purpose of Disbursement event tickets State Zip Code City State Zip Code Fort Myers FL 33906- Purpose of Disbursement text Category/ Type Y 2 0 0 8 Office Sought: House Disbursement For: Disbur	Naples Purpose of Disbursement			
Office Sought: House Disbursement Por: MEMO: ANNUAL DUES President District: Other (specify) ▼ MEMO: ANNUAL DUES Full Name (Last, First, Middle Initia) Transaction ID: 90129,E4576 Date of Disbursement Lee County Mailing Address 1736 Jackson Street If 2 * 0 0 8 City State Zip Code Fort Myers FL 33901- Purpose of Disbursement Category/ Gandidate Name Disbursement For: President Disbursement For: President Disbursement For: President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initia) Category/ Lee County Republicans Other (specify) ▼ Mailing Address P. O. Box 61465 City State Zip Code Full Name (Last, First, Middle Initia) Eace Ounty Republicans Mailing Address P. O. Box 61465 City State Zip Code Fort Myers FL 33906- Purpose of Disbursement eneral Category/ Transaction ID: </td <td>Candidate Name</td> <td></td> <td></td> <td>Contributions Required Under 11 C.F.R. 400.53</td>	Candidate Name			Contributions Required Under 11 C.F.R. 400.53
Lee County Initial State Table Of Disbursement Mailing Address 1736 Jackson Street Image: State Zip Code City FL 33901- Purpose of Disbursement State Zip Code Sign permit Category/ Type Office Sought: House Disbursement For: Senate Disbursement For: General Office Sought: President Other (specify) ▼ Full Name (Last, First, Middle Initial) Eee County Republicans Transaction ID: 90129, E4575 Mailing Address P. O. Box 61465 Image: Senate State City State Zip Code Amount of Each Disbursement this Period Mailing Address P. O. Box 61465 Transaction ID: 90129, E4575 Date of Disbursement this Period City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Category/ Y Y 0 0 8 Office Sought: House Disbursement For: Gategory/ Office Sought: House Disbursement For: Gategory/ Office Sought: House Disbursement For:<	Senate President	Primary General		
City State Zip Code Fort Myers FL 33901- Purpose of Disbursement	Lee County			Date of Disbursement
Fort Myers FL 33901- Purpose of Disbursement sign permit 250.00 Candidate Name Category/ Type Office Sought: House Senate Disbursement For: President State: District: Full Name (Last, First, Middle Initial) Lee County Republicans Mailing Address P. O. Box 61465 City State Fort Myers FL Category/ Type Y Office Sought: House President City State Fort Myers FL Category/ Type Y Office Sought: House Purpose of Disbursement Office Sought: House President Office Sought: House President State Disbursement For: President Senate Primary President Other (specify) ▼ State: District:	Mailing Address 1736 Jackson Street			12 19 2008
Image: State state Disbursement For: Cartegory/ Type Category/ Type Office Sought: House Senate President Disbursement For: State: District: Full Name (Last, First, Middle Initial) Lee County Republicans Mailing Address P. O. Box 61465 City State Fort Myers FL Purpose of Disbursement event tickets Candidate Name Office Sought: House Disbursement For: State City Fort Myers FL Office Sought: House Office Sought: House Disbursement For: Category/ Type Mailing Address P. O. Box 61465 City Senate President Office Sought: House Senate President Other (specify) State: District:	Fort Myers			
Office Sought: House Disbursement For: General State: District: Other (specify) ✓ State: District: Transaction ID: 90129.E4575 Lee County Republicans Date of Disbursement Mailing Address P. O. Box 61465 City State Zip Code Fort Myers FL 33906- Purpose of Disbursement 90.00 event tickets Category/ Candidate Name Disbursement For: Office Sought: House District: Disbursement For: Senate Primary President Other (specify) State: District:	sign permit	[Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) Transaction ID: 90129.E4575 Lee County Republicans Mailing Address P. O. Box 61465 Mailing Address P. O. Box 61465 12 City State Zip Code Fort Myers FL 33906- Purpose of Disbursement 90.00 event tickets Category/ Candidate Name Disbursement For: Office Sought: House President Disbursement For: President Other (specify) State: District:	Senate President	Primary General		
City State Zip Code Fort Myers FL 33906- Purpose of Disbursement 90.00 event tickets Category/ Candidate Name Category/ Office Sought: House Disbursement For: Senate President Other (specify) State: District:	Full Name (Last, First, Middle Initial)			Date of Disbursement
Fort Myers FL 33906- Purpose of Disbursement 90.00 event tickets Category/ Candidate Name Category/ Office Sought: House Disbursement For: Senate President Other (specify) State: District:	Mailing Address P. O. Box 61465			12 ^M /19 [/] 2008 [/]
event tickets Category/ Type Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) State: District:	Fort Myers			
Office Sought: House Disbursement For: [MEMO ITEM] Senate Primary General MEMO: EVENT TICKETS State: District: Other (specify) ▼	event tickets			Refund or Disposal of Excess Contributions Required Under
	Senate President	Primary General	Туре	[MEMO ITEM]
				0.00

FE5AN018

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			
	Detailed Summary Page)	X 17 18 19a 19b 20a 20b 20c 21	
Any Information copied from such Reports and State or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) Friends of Connie Mack				
Full Name (Last, First, Middle Initial) Party City			Transaction ID: 90129.E4561 Date of Disbursement	
Mailing Address 5025 Cleveland Ave.			$\begin{bmatrix} M & M \\ 1 & 2 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 9 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 8 \end{pmatrix}$	
City Fort Myers	State Zip Code FL 33907-		Amount of Each Disbursement this Peri	
Purpose of Disbursement event supplies Candidate Name		category/ Type	97.89 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	, îhc	[MEMO ITEM] MEMO: EVENT SUPPLIES	
Full Name (Last, First, Middle Initial) Big Brothers Big Sisters			Transaction ID: 90129.E4577 Date of Disbursement	
Mailing Address 2400 Tamiami Trl # 303			$\begin{array}{c} \stackrel{\text{M}}{12} \stackrel{\text{M}}{2} \stackrel{\text{M}}{2} \stackrel{\text{M}}{19} \stackrel{\text{M}}{19} \stackrel{\text{M}}{19} \stackrel{\text{M}}{19} \stackrel{\text{M}}{19} \stackrel{\text{M}}{19} \stackrel{\text{M}}{10} \stackrel$	
City Naples	State Zip Code FL 34103-		Amount of Each Disbursement this Peri 200.00	
Purpose of Disbursement event ticket				
Candidate Name		ategory/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		MEMO: EVENT TICKET	
Full Name (Last, First, Middle Initial) Naples Womens Republican Club			Transaction ID: 90129.E4569 Date of Disbursement	
Mailing Address 194 Tamiami Trail			$\begin{bmatrix} M & M \\ 1 & 2 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 9 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 8 \end{bmatrix}$	
City Naples	StateZip CodeFL34102-		Amount of Each Disbursement this Peri	
Purpose of Disbursement Luncheon tickets			60.00 Refund or Disposal of Excess	
Candidate Name		ategory/ Type	Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		[MEMO ITEM] MEMO: LUNCHEON TICKETS	
State: District: SUBTOTAL of Disbursements This Page (optional)		►	0.00	
TOTAL This Period (last page this line number only				
E5AN018		····· F	FEC Schedule B (Form 3) (Revise	

CHEDULE B (FEC Form 3)	Use separate schedule(s)	X 17 18 19a 19b
	d Statements may not be sold or used by any person the name and address of any political committee to s	
NAME OF COMMITTEE (In Full) Friends of Connie Mack		
Full Name (Last, First, Middle Initial) Naples Womens Republican Club		Transaction ID: 90129.E4568 Date of Disbursement
Mailing Address 194 Tamiami Trai	1	
City Naples	State Zip Code FL 34102-	Amount of Each Disbursement this Period
Purpose of Disbursement Luncheon tickets Candidate Name	Category/	60.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Type Disbursement For: Primary Other (specify)	[MEMO ITEM] MEMO: LUNCHEON TICKETS
Full Name (Last, First, Middle Initial) USPS		Transaction ID: 90129.E4572 Date of Disbursement
Mailing Address Pagefield Postal S	Store	12 19 2008
City Fort Myers Purpose of Disbursement postage Candidate Name	State Zip Code FL 33907-1403	Amount of Each Disbursement this Period 0.41 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Type Disbursement For: Primary Other (specify)	[MEMO ITEM] MEMO: POSTAGE
Full Name (Last, First, Middle Initial) Mrs. Kara Wright		Transaction ID: 90129.E4573 Date of Disbursement
Mailing Address 5100 S. Cleveland	I Ave., #318 PMB 3	12 ^M /19 ^V / <u>Y</u> YYY 19 ^V / <u>Y</u> YYY 2008 ^V
City Fort Myers	State Zip Code FL 33907-	Amount of Each Disbursement this Perior
Purpose of Disbursement travel expense		Refund or Disposal of Excess
Candidate Name Office Sought: House Senate President State: District:	Category/ Type Disbursement For: Primary General Other (specify) ▼	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE
	otional)	0.00

			Use separate schedule(s)		NUMBER: PAGE 26 / 28
	SBURSEMENTS	for each categ Detailed Sum	mary Page	Ē	X 17 18 19a 19b 20a 20b 20c 21
					or the purpose of soliciting contributions licit contributions from such committee
NAME OF COM Friends of Cor	MITTEE (In Full) nnie Mack				
Full Name (Last, Chase Card S	First, Middle Initial) ervices				Transaction ID: 90129.E4642 Date of Disbursement
Mailing Address	PO Box 15153				12 ^M /19 ^V /2008 ^V
City Wilmington			Code 886-5153		Amount of Each Disbursement this Perio
Purpose of Disb					62.63
CREDIT CARD: Candidate Name			C	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: State:	House Disbu Senate President District:	rsement For: Primary Other (specify)	General ▼		CREDIT CARD: SEE BELOW
	First, Middle Initial)				
Chase Card S	,				Transaction ID: 90129.E4643 Date of Disbursement
Mailing Address	PO Box 15153				12 ^M /19 [/] 2008 [·]
City Wilmington			Code 886-5153		Amount of Each Disbursement this Perio
Purpose of Disb credit card fee	ursement				45.68
Candidate Name	9		C	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: State:	House Disbu Senate President District:	rsement For: Primary Other (specify)	General ▼		[MEMO ITEM] MEMO: CREDIT CARD FEE
	First, Middle Initial)				Transaction ID: 90129.E4644
eFax	,				Date of Disbursement
Mailing Address	j2 Global Communicat 6922 Hollywood Blvd	ions			12 ^M /19 ^V /2008 ^V
City Los Angeles	•		Code 028-		Amount of Each Disbursement this Perio
Purpose of Disbu	ursement			* *	16.95 Refund or Disposal of Excess
Candidate Name	9		C	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought:	House Disbu Senate President District:	rsement For: Primary Other (specify)	General ▼		[MEMO ITEM] MEMO: FAX SERVICES
Sidle.					

FE5AN018

CHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NU (check only or		PA	PAGE 27 / 28		
FEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	` Á	17	18 20b	19a 20c		19b 21
ny Information copied from such Reports and Stat							
r for commercial purposes, other than using the na	ame and address of any political cor	nmittee to solici	t contributio	ons fro	m such c	ommi	ttee
NAME OF COMMITTEE (In Full) Friends of Connie Mack							
Full Name (Last, First, Middle Initial) Jivaldi LLC			Transactic Date of Dis	sburse	ment	.E45	53
Mailing Address 707 MOunt Errigal Pl			1 [°] 2 [°]	□1	9 / Y	ž (0 Å 8 Å
City Lincoln	State Zip Code CA 95648-		Amount of	Each I	Disburse		
Purpose of Disbursement							29.00
website service fees Candidate Name	C	ategory/ Type		outions	posal of Required).53		
Senate President	rsement For: Primary General Other (specify) ▼		WEBSITE	SER	VICE F	EES	
State: District:							
Full Name (Last, First, Middle Initial) Line 1 Communications			Transaction	sburse	ment		
Mailing Address 3400 Birchwood Mano	r		1 ² /	□1	9 / Y	ž (0 Å 8 Å
City Tallahassee	State Zip Code FL 32312-		Amount of	Each I	Disburse	-	this Perio
Purpose of Disbursement fax/email services			D.(
Candidate Name	C	ategory/ Type		outions	posal of Required).53		
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify) ▼	I	FAX/EMA	IL SE	RVICES	6	
Full Name (Last, First, Middle Initial) SCM Associates, Inc.			Transaction			.E45	49
Mailing Address 1283 Main Street PO Box 254			1 ² /	^D 1	9 / Y	ž (o ð 8 [°]
City Dublin	State Zip Code NH 03444-		Amount of	Each I	Disburse		
Purpose of Disbursement						0	2.43
direct mail and telemarketing Candidate Name	C	ategory/ Type		outions	posal of Required).53		
Senate President	rsement For: Primary General Other (specify) ▼	<u>[</u>	DIRECT N TING	MAIL /	AND TE	LEM	ARKE-
State: District: SUBTOTAL of Disbursements This Page (optional	51)	►			• •	415	8.55
TOTAL This Period (last page this line number on				• •			
55AN018	·, ·····	···· F	EEC C	bodula	B (For	m 2 \	(Devie -

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		NUMBER: PAGE 28 / 24 / one)
	Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
ny Information copied from such Reports and State			
r for commercial purposes, other than using the nar	ne and address of any political co	ommittee to so	licit contributions from such committee
NAME OF COMMITTEE (In Full) Friends of Connie Mack			
Full Name (Last, First, Middle Initial)			Transaction ID: 90129.E4552
Sprint - Embarq			Date of Disbursement
Mailing Address P.O. Box 740602			12 ^M 19 19 2008
City	State Zip Code		Amount of Each Disbursement this P
Cincinnati	OH 45274-		81.32
Purpose of Disbursement telephone			Refund or Disposal of Excess
Candidate Name	L	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	sement For: Primary General Other (specify) ▼		TELEPHONE
State: District:			
Full Name (Last, First, Middle Initial) USPS			Transaction ID: 81203.E4540 Date of Disbursement
Mailing Address 1050 Connecticut Ave,	NW		$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} D \\ 2 \end{array} \begin{array}{c} 2 \end{array} \begin{array}{c} 0 \\ 0 \end{array} \begin{array}{c} 0 \\ 2 \end{array} \begin{array}{c} 0 \\ 0 \\ 0 \end{array} \end{array}$
City	State Zip Code		Amount of Each Disbursement this P
Washington	DC 20036-		126.00
Purpose of Disbursement postage			Refund or Disposal of Excess
Candidate Name	L	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	ement For: Primary General Other (specify) V		POSTAGE
State: District:			
Full Name (Last, First, Middle Initial) Yuma Solutions, Inc.			Transaction ID: 90129.E4554 Date of Disbursement
Mailing Address 1922 Miccosukee Road			12 ^M /19 [/] ^Y /2008
City	State Zip Code		Amount of Each Disbursement this P
Tallahassee	FL 32308-		234.00
Purpose of Disbursement blackberry service			Refund or Disposal of Excess
Candidate Name	L	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	sement For: Primary General Other (specify) ▼		BLACKBERRY SERVICE
State: District:	λ		441.32
SUBTOTAL of Disbursements This Page (optional			30587.70
TOTAL This Period (last page this line number only	<i>y</i>)	🕨	30387.70